DOCUMENT RESUME

ED 212 817 CE 031 259

TITLE Journal of Human Services Abstracts. January 1982.
INSTITUTION Department of Health and Human Services, Rockville, Md. Project Share.
PUB DATE Jan 82
CONTRACT DHEW-HHS-100-81-0052
NOTE 112p.; For related documents see ED 160 770, ED 164 965, ED 176 077, ED 195 640, and ED 200 826.
JOURNAL CIT Journal of Human Services Abstracts; v7 n1 Jan 1982

EDRS PRICE MF01/PC05 Plus Postage.
DESCRIPTORS Abstracts; *Administration; Annotated Bibliographies; *Community Services; Counseling Services; Data Processing; Day Care; *Delivery Systems; Disabilities; Employment Services; Health Services; *Human Services; Information Sources; Mental Health Programs; Needs Assessment; Personnel Management; *Planning; Program Development; Vocational Education
IDENTIFIERS *Project SHARE

ABSTRACT

This journal provides abstracts of 150 documents included in the data base of Project SHARE, a Clearinghouse for Improving the Management of Human Services. These documents are on subjects of concern, interest, and importance to those responsible for the planning, management, and delivery of human services. Abstracts, arranged in alphabetical order by author, include this information: title, publication date, number of pages, order number, and availability. Other parts of the journal are an alphabetical list of corporate authors, alphabetical list of document titles, and a subject index. The index is a guide to the abstracts by specific subject category with cross-references from synonyms to preferred terms. (YLB)

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Journal of Human Services Abstracts

VOLUME 7 NUMBER 1 JANUARY 1982

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Journal of Human Services Abstracts

PROJECT SHARE
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Rockville, Md. 20852
(301) 251-5170

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Office of the Assistant Secretary for Planning and Evaluation
Department of Health and Human Services

Journal of Human Services Abstracts is published quarterly (January, April, July, October) by PROJECT SHARE.

PROJECT SHARE is operated by Aspen Systems Corporation, under DHEW Contract No. HHS-100-81-0052

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Preface

About This Journal

The *Journal of Human Services Abstracts* is published quarterly by PROJECT SHARE, a Clearinghouse for Improving the Management of Human Services. PROJECT SHARE acquires, evaluates, stores, and makes available a broad range of documentation on subjects of concern, interest, and importance to those responsible for the planning, management, and delivery of human services. PROJECT SHARE is operated for the Office of the Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, by Aspen Systems Corporation.

Each *Journal* announces 150 of the documents included in the PROJECT SHARE automated data base. Additional documents acquired by SHARE are published in bibliographies on selected topics. The documents announced in SHARE'S publications are restricted to those documents actually acquired by PROJECT SHARE and are not meant to provide comprehensive coverage of the field.

How To Use This Journal

The *Journal of Human Services Abstracts* is divided into four parts: the abstracts themselves, arranged in alphabetical order by author; an alphabetical list of corporate authors; an alphabetical list of documents; and a subject index. The index provides a timesaving guide to the abstracts by specific subject category. The categories will be listed alphabetically and will include cross-references between conceptually related index terms and cross-references from synonyms to the preferred terms. Specific numeric citations (sequential abstract numbers) will follow the preferred index terms. These are not to be confused with the document accession and ordering numbers which appear at the left of the last line of each citation (see example below).

Client referral
  155, 156, 187, 207, 290, 291
Client tracking methods
  See Integration-oriented keeping of client records
Clothing assistance services
  189
COG's
  See Councils of governments
College/university research centers
  194, 280

Colocation of services
  174, 187, 204
Communication and public information services
  164
Communication mechanisms (interagency)
  See Interagency communication mechanisms
Community/agency relationship techniques
  See Agency/community relationship techniques

As can be seen, one document is relevant to at least two of the subject categories – abstract number 187.

(Sequential abstract no.) **187.** Pitts, Robert A.
Developing Generic Capability through Welfare Service Integration: Concepts, Alternatives, Limitations.
15 Sep 75, 59p Executive Summary available from PROJECT SHARE.
(Order number) **SHR-0000694** Available from NTIS, PC $8.00/MF $3.50.

In the above examples, we see that abstract 187, entitled *Developing Generic Capability through Welfare Services Integration: Concepts, Alternatives, Limitations,* was written by Robert A. Pitts, that the report was published September 15, 1975, that it is 59 pages long, and that it costs $ 8.00 for a paper copy (PC) and $3.50 for a microfiche (MF) copy. The availability statement indicates that it is obtainable from the National Technical Information Service. If the document were available from PROJECT SHARE or a private publisher, the statement would say "PROJECT SHARE" or give another source and the address. We also note that there is a 6- to 10- page *Executive Summary* of the document available from PROJECT SHARE. The actual abstract of the document would immediately follow these citation data.

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Reference products are mainly in two formats. The first is a set of computer outputs which contain standard bibliographic information in all cases and document abstracts in most others. Additionally, the user may receive handwritten citations and personal referrals developed by the reference staff.

Reference requests may be initiated by calling or by writing PROJECT SHARE.

A Note to Readers

Any questions, comments, or criticisms you may have concerning the *Journal of Human Services Abstracts* or PROJECT SHARE should be addressed to Ms. Eileen Wolff, Project Officer, at the following address:

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Abstracts

1. Accardi, Lori.
Erie County Dept. of Social Services, Buffalo, NY. Child Protective Services.
Opinion Survey of Child Protective Clients.
1979, 32p
SHR-0006226 Available NTIS PC $7.50/MF $4.00

This survey is an exploratory study of the protective client's perceptions of New York's Erie County Child Protective Services. Two hundred child protective parents, selected randomly from the child abuse registry of the Erie County Department of Social Services, were asked to respond to a mailed opinion survey which was designed to measure the level of perceived satisfaction of clients with services provided through Child Protective Services. The survey focused on obtaining such information as services received, services desired, demographic data, program satisfaction, and subjective impressions. The 36 respondents indicated interest in receiving additional support services, and provided a wide range of critical subjective comments. One respondent stated that caseworkers are needed who will understand the client's problems and talk about children. Another respondent expressed concern because her child appeared to be homesick. While no control group was used in the study, a comparison group was developed involving nine parents affiliated with Parents Anonymous, a self–help group for parents with abusive or neglectful behavior problems. Analysis of their responses to a questionnaire indicated significantly more dissatisfaction with Child Protective Services than was expressed by clients of the services. Further testing of the instrument and repetition of the survey are recommended. An appendix and 12 tables are provided in the study. (Author abstract modified).

2. Administration for Children, Youth, and Families, Washington, DC. Office for Families.
Off to a Good Start: A Resource for Parents, Professionals, and Volunteers.
Apr 81, 279p
SHR-0006878 Available from LSDS, Department 76, Washington, DC 20201.

This manual, intended for use by parents, volunteers, and professionals lists and briefly describes over 200 books, films, and other printed materials on a broad range of issues concerning children and human services. Subject areas include family and child care, foster care and adoption, parenting and parent education, special problem areas, child abuse and neglect, and legal issues. Other subject areas include approaches to counseling; social service research, development, and evaluation; information resources; volunteers; the juvenile justice system; and child advocacy. The section on family and child care includes resources on health, mental health, and families in crisis or change. The section on foster care and adoption describes information sources on minority children, children with special needs, older children, foster care and adoption program development and evaluation, and training for parents and workers. Resources on legal issues cover family court and related issues, juvenile justice, legislation and the handicapped child, custody, minority issues, foster care, adoption, and child abuse and neglect. Peer group counseling, family counseling, and self–help efforts are also described. Many of the information sources discuss alternative funding methods, administration, and evaluation. Most of the materials were issued between 1974 and 1979. For each resource, the title, author, source, funding, abstract, and availability information are provided. An index is also provided.

3. Administration on Aging, Washington, DC.
Report of the Interdepartmental Task Force on Information and Referral.
Dec 80, 20p
SHR-0006945 Available from Department of HEW, Office of Human Development Services, Administration on Aging, Washington, DC 20201.

3.

This report describes the activities conducted or sponsored by the Federal Government's Interdepartmental Task Force on Information and Referral and its member agencies during 1979 and 1980. The task force was created to improve communication between Federal agencies and older Americans by identifying available Federal information and referral resources and to develop an action plan to improve and coordinate such services. The task force is composed of 16 Federal departments and agencies, including the Administration on Aging, the Public Health Service, the Office of Information and Resources for the Handicapped, the Veterans Administration, and others. In April 1980, the Indiana Conference on Coordination of Information and Referral for Human Services was held. The conference was an outgrowth of efforts of the Federal task force. It fostered more effective coordination and collaboration of public and voluntary information and referral resources by involving agency policymakers and local legislators. Participants identified numerous barriers to service coordination in Indiana, including absence of identifiable information and referral providers, absence of stable funding, and competition among different groups for scarce resources. Participants recommended improved funding by both State and Federal sources and development of a coordinated statewide information and referral system. Many Federal task force agencies initiated special and / or short-term projects relating to information and referral during fiscal years 1979 and 1980. For example, the staff of the Administration on Aging's National Clearinghouse on Aging developed guidelines for making direct referrals of individual cases concerning elderly persons to Area Agencies on Aging when emergency assistance or intervention was deemed essential. Descriptions of other agencies' efforts and summaries of task force agencies' functions related to information and referral are provided.

4. Allard, Mary Ann; and Toff, Gail E.
George Washington Univ., Washington, DC. Intergovernmental Health Policy Project.
Current and Future Development of Intermediate Care Facilities for the Mentally Retarded. A Survey of State Officials.
Aug 80, 66p
SHR-0006457 Available from The Intergovernmental Health Policy Project, George Washington University, 1919 Pennsylvania Avenue NW, Suite 505, Washington, DC 20006.

Results are reported from a study that collected information on (1) the current status of intermediate care facilities for the mentally retarded (ICF / MR) in the 50 States, (2) the scope of planned ICF / MR networks projected for the future, (3) the key factors (economic, administrative, social, and political) facilitating or inhibiting these networks, and (4) the Federal policy and regulatory changes necessary to facilitate the development of such networks. A total of 42 States responded to the initial request for information, and telephone interviews were conducted in 39 States. Based on the number of States currently providing ICF / MR services (44), the response rate was about 89 percent. The report is divided into sections on descriptive analysis and issues for future development. The descriptive analysis section includes statistical tables highlighting that data. State-specific examples drawn from the open-ended questions are also included in the discussion, where appropriate. The final section provides an in-depth examination of pertinent issues emanating from the survey questions and results. The areas selected for closer scrutiny include quality assurance, planning, program obstacles, funding, and policy coordination. Appended are the survey background questions, statistics on the number of privately administered MR residential facilities, and a glossary of terms. Footnotes and charts are provided.

5. Ambrosius, G. Richard.
Iowa Lakes Area Agency on Aging, Spencer.
National Rural Strategy Conference to Improve Service Delivery to the Rural Elderly.
1979, 150p
SHR-0007003 Available from Iowa Lakes Area Agency on Aging, 2328 Highway Blvd., Spencer, IA 51301.

The proceedings of the National Rural Strategy Conference to Improve Service Delivery to the Rural Elderly, held January 28 through February 2, 1979, in Des Moines, Iowa, are presented. The primary objective of the conference was to address problems facing the providers of services to the aging in rural America and to develop strategies to improve service delivery. Work groups focused on seven areas that were identified as needing immediate attention: transportation, outreach, administration / management, housing, income / employment, health, and nutrition. In each area, key issues and problems were identified, objectives were delineated, available resources were noted, and strategies were recommended. In the area of transportation, the major issues addressed included Federal policy on transportation, safety, insurance, the coordination of rural transit with other social services, and section 504 of the Architectural Barriers legislation. Issues related to outreach included the need for outreach functions to be clarified by national regulations and the scarcity of resources for service referral. The work group for administration and management dealt with a number of issues, among which were staffing and training and the lack of financial resources. In the area of housing, a work group drew up a 13–point resolution detailing strategies for the betterment of housing for the elderly. The income and employment work group considered such issues as disincentives for older persons to work and limited job opportunities. Issues relating to the area of health and nutrition included the continuum of home care and nutritional–service quality in facilities for the aged. Among the other topics considered were a definition of "rural" and a proposed National Coalition of Rural Elderly. Appendices include lists of participants, selected speeches, background information, and a conference evaluation. Preparations for the conference are reviewed, and an agenda is provided. Background and proceedings of the conference in Des Moines, Iowa, January 28-February 2, 1979.

6. American Public Welfare Association, Washington, DC.
Study of Purchase of Social Services in Selected States.
17 Mar 81, 120p
SHR-0007394 Available from American Public Welfare Association, 1125 Fifteenth Street, Suite 300, Washington, DC 20005.

Findings are reported from a study designed to identify and analyze factors influencing decisions to purchase social services from private service providers in Arizona, Colorado, New Hampshire, South Carolina, and Wisconsin. Subsidiary study objectives were to (1) develop profiles of the methods of service provision for 42 services reported under the Social Service Reporting Requirements for fiscal year 1978 and (2) examine the administrative and political environment of the study States with reference to purchase of social services. To obtain service–specific information and make cross–service analysis possible, six services were selected for attention: counseling services, employment services, family planning, homemaker services, legal services, and transportation. Much of the study's information was obtained from personal interviews with administrators and program managers and from the administration of questionnaires between November 1980 and February 1981. Findings show differences in perceptions between agency administrators and program managers regarding factors influencing the purchase of social services. Agency administrators tend to view political factors as having a strong influence on purchase

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of service decisions—factors such as a freeze on hiring of staff, political pressures from private service providers, availability of private donated funds, and pressures from other public agencies to purchase certain services from the private sector. Program managers, on the other hand, did not mention political factors as affecting purchase decisions. Their responses did not reveal any single factor or cluster of factors as having high influence on purchase decisions. The study has confirmed the widely held notion that purchase of service decisions are the result of interactions between many factors and actors involved in each situation. No single factor or actor has been revealed as having a consistently strong influence on purchase of service decisions. Study instruments and tabular data are appended. (Author abstract modified).

7. Anderson, Nancy N.; Patten, Sharon K.; and Greenberg, Jay N.
Minnesota Univ., Minneapolis. Hubert H. Humphrey Inst. of Public Affairs.
Comparison of Home Care and Nursing Home Care for Older Persons in Minnesota. Appendix.
Jun 80, 737p Executive Summary available from PROJECT SHARE.
SHR-0005471 Available NTIS PC $49.50/MF $4.00

This volume contains the research instruments and data forms used during a 4–year Minnesota study comparing approximately 550 clients of 7 home-nursing or homemaker agencies with approximately 450 residents of 11 nursing homes. These instruments fall into six categories: client contact materials and consent / release of information forms, client interview schedules, health assessment schedules, client data from providers and records, services / cost data collection forms, and income transfer data forms. See also related documents, Volumes 1 and 2, SHR-0005472; Volume 3, SHR-0005470.

8. Anderson, Nancy N.; Patten, Sharon K.; and Greenberg, Jay N.
Minnesota Univ., Minneapolis. Hubert H. Humphrey Inst. of Public Affairs.
Comparison of Home Care and Nursing Home Care for Older Persons in Minnesota. Volume Three. Summary.
Jun 80, 168p Executive Summary available from PROJECT SHARE.
SHR-0005470 Available NTIS PC $15.00/MF $4.00

This document is the executive summary of a Minnesota study comparing characteristics of persons currently using home care and nursing home care and the services received in each setting. Data on about 550 clients of 7 home nursing or homemaker agencies and about 450 residents of 11 nursing homes were used to determine the effects of the treatment setting on service utilization. The study was conducted in Hennepin, Olmsted, and Ramsey counties. The home care agencies included governmental public health nursing agencies, nonprofit agencies, and a proprietary home care agency. The following aspects of home care and nursing home care were investigated: (1) characteristics of persons using each type of long–term care setting; (2) services in each setting; (3) long–term care costs in each setting; (4) well–being of clients; and (5) public income transfer benefits for each set of clients. In comparison with home care clients, nursing home residents were older, less likely to be female, less likely to be married, and more likely for the household head to have had a white collar occupation. On almost all of the dimensions of functioning, the home care sample was less incapacitated than the nursing home sample. On the average, residents of skilled nursing facilities and intermediate care facilities used significantly more of each core service—case management, mental health and special education, personal care, homemaking, and nursing procedures—than did home care clients. Of the home care sample, 78 percent received informal care consisting of unpaid help from family and friends. The proportion of home care clients satisfied with living arrangements was significantly greater than the proportion of nursing home residents. Although medicaid–eligible respondents in both settings benefited from the public income transfer system, nursing home residents benefited to a much greater extent. The Federal Government currently provides a lower proportion of the overall nursing home expenditures than it does of the home care expenditures. Tabular data, chapter references, and a detailed table of contents are provided. (Author abstract modified). See also related documents, Volumes 1 and 2, SHR-0005472; Appendix, SHR-0005471.

9. Anderson, Nancy N.; Patten, Sharon K.; and Greenberg, Jay N.
Minnesota Univ., Minneapolis. Hubert H. Humphrey Inst. of Public Affairs.
Comparison of Home Care and Nursing Home Care for Older Persons in Minnesota. Volumes One and Two.
Jun 80, 757p Executive Summary available from PROJECT SHARE.
SHR-0005472 Available NTIS PC $51.00/MF $4.00

This two–volume set contains a Minnesota study comparing characteristics of persons currently using home care and nursing home care and the services received in each setting. Data on about 550 clients of 7 home nursing or homemaker agencies and about 450 residents of 11 nursing homes were used to determine the effects of treatment setting on service utilization. The study was conducted in Hennepin, Olmsted, and Ramsey counties. The seven care agencies included governmental public health nursing agencies, nonprofit agencies, and a proprietary home care agency. The following aspects of home care and nursing home care were investigated: (1) characteristics of persons using each type of long–term care setting; (2) services in each setting; (3) long–term care costs in each setting; (4) well–being of clients; and (5) public income transfer benefits for each set of clients. In comparison with home care clients, nursing home residents were older, less likely to be female, less likely to be married, and more likely for the household head to have had a white–collar occupation. On almost all of the dimensions of functioning, persons in the home care sample were less incapacitated than those in the nursing home sample. On the average, residents of skilled nursing facilities and intermediate care facilities used significantly more of each core service—case management, mental health and special education, personal care, homemaking, and nursing procedures—than did home care clients. Of the home care sample, 78 percent received informal care consisting of unpaid help from family and friends. The proportion of home care clients satisfied with living arrangements was significantly greater than the proportion of nursing home residents. Although medicaid–eligible respondents in both settings benefit from the public income transfer system, nursing home residents benefited to a much greater extent. The Federal Government currently provides a lower proportion of the overall nursing home expenditures than it does of the home care expenditures. Tabular data and chapter reference lists are provided. (Author abstract modified). See also related documents, Volume 3, SHR-0005470; Appendix, SHR-0005471.

10. Angell, Stephen L.; and Mansfield, Frances.
Polytypic Enterprises, Inc., Clanton Corners, NY.
Study of the Foster Care Program, Mecklenburg County Department of Social Services. Report of the Council for Children.
Sep 80, 47p
SHR-0006512 Available from United Community Services in Mecklenburg and Union Counties, 301 South Brevard Street, Charlotte, NC 28202.

The objective of this foster care study was to determine the effectiveness of services to children in Mecklenburg County, N.C., who are at risk of being placed in substitute care or who have already been placed in foster care. Data

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were obtained from (1) demographic information regularly collected by various governmental and private sources, (2) a census of the foster care caseload of the Department of Social Services (DSS) developed through confidential reviews of case records and direct interviews with foster parents, and (3) community responses to both a questionnaire sent out to human service agencies and personal interviews. Data from the case records and interviews with foster parents were collected by every third case record in the child welfare caseload and every third foster parent in the DSS foster parent roster. The study found that while public assistance has greatly decreased dependency as the reason for children needing outside placement, it is still a major reason for children entering foster care. The study recommends that the DSS implement permanency planning for all children in its care; that DSS staff recruitment, training, and development be modified; and that recruitment, training, and retention of good foster homes and care facilities be improved. Additional recommendations cover case management, courts, public relations, youth diversion, family therapy, day care, the DSS homemaker project, and an early identification pilot project. Seven footnotes are included. Two appendices contain statistical tables and the DSS organizational charts. (Author abstract modified).

11. Argust, Tom.
Monroe County Dept. of Social Services, Rochester, NY.
Preventive Services in Monroe County: A Three Year Plan. The Report of the Title XX Task Force on Preventive Services.
Mar 81, 42p
SHR-0007159 Available from County of Monroe, Department of Social Services, 111 Westfall Road, Rochester, NY 14620.

A 3-year plan for reducing the numbers of children entering foster care in Monroe County, N.Y., is presented, along with recommended methods of improving the planning process for preventive services regarding children and families. The plan is part of an effort initiated in 1980 to develop a comprehensive and coordinated planning effort related to title XX of the Social Security Act. A preventive services task force, set up on October 8, 1980, was to agree on an operational definition of preventive services, develop a common data base of clients and services, identify major problem areas, and recommend ways to deal with the identified problems. The task force agreed that the State's definition of prevention was too narrow in that its major focus appeared to be remediation. An alternative definition, which gave more emphasis to primary prevention, was recommended. The task force took a systems approach to prevention and examined three major areas that tend to place the greatest numbers of youth into foster care. These areas are social services foster care, juvenile justice, and mental health. Although time limits prevented detailed examination of the mental health system, for each of the other areas background data, major issues related to averting or shortening out-of-home placements, goals, and recommendations were developed. For example, it was found that about 600 children enter foster care from Monroe County each year; four-fifths enter through the county Department of Social Services. To establish a variety of preventive services to reduce the number of children entering foster care by 30 percent, it was recommended that family counseling programs in voluntary agencies be expanded, counseling be coordinated with day care centers that have preventive services clients, and crisis counseling and other emergency services that are immediately accessible be developed. For each recommendation, the implementing agency, the implementation deadline, and the funding source are identified. Issues and recommendations concerning planning, coordination, and funding are also provided. Appendices list task force members and present flow charts depicting the present system and related information. Footnotes are included.

12. Arizona Univ., Tucson. Long-Term Care Administration Program.
Arizona Long Term Care Study.
30 Jun 80, 108p
SHR-0006679 Available from Univ. of Arizona, College of Business and Public Administration, Dept. of Public Policy, Planning and Administration, Tucson, AZ 85721.

This report addresses five major issues: the geographical distribution of long–term care resources and need for such resources in Arizona, the demographic and impairment characteristics of the State's long–term care population, existing reimbursement patterns for long–term care, the extent of inappropriateness in level–of–care placements in institutional settings, and the prospects for increasing use of noninstitutional alternatives, such as case management and adult foster care in provision of long–term care. With regard to long–term care, Arizona faces escalating costs, limited accountability standards, and sociodemographic trends that will continue to increase demand for long–term care services. The size of the high–risk population (those 75 years or more in age) can be expected to roughly double over the next 20 years. Although the long–term care industry has demonstrated its ability to grow rapidly in response to demand, it may be neither economically nor politically feasible to continue public subsidies of the necessary expansion, particularly in institutional capacity. Rural areas in Arizona already show signs of resource shortages, particularly in skilled nursing capacity. In urban areas, resource shortages often are associated with idiosyncrasies of nursing home management; e.g., patient selectivity to ensure profit. The major thrust of policy innovation in long–term care has been in the direction of developing noninstitutional alternatives, particularly case management systems, such as the Community Services System of Pima County. Although data analyzed herein support the case for efforts to improve consistency in level–of–care assignment decisions, it appears that significant cost reductions cannot be achieved by these means, since about as many patients receive undercare as overcare. However, both from a standpoint of providing proper and humane treatment to those who are receiving inadequate care and from the standpoint of efficiency in maximizing patient well–being at a fixed cost, this problem should continue to be investigated.The development of meaningful utilization review and regulatory legislation should be a high priority. Extensive tables, appendices, and a bibliography are provided in the report. (Author abstract modified).

13. Arling, Greg; and Romaniuk, Jean Gasen.
Virginia Center on Aging, Richmond.
Final Report of the Task Force on Gerontology in Higher Education.
31 Jul 80, 80p
SHR-0007677 Available from Virginia Center on Aging at Virginia Commonwealth University, Richmond, VA 23284.

This final report of the Statewide Task Force on Gerontology in Higher Education makes recommendations regarding gerontology programs at Virginia colleges and universities. Specifically, the report identifies the knowledge and skills necessary for a basic background in gerontology and for employment in some capacity serving the aged. Recommendations are also offered on the types of organizational arrangements appropriate for gerontology programs, such as the types of degrees offered and the administrative structures for gerontology degree programs. Gerontology education organizational issues discussed are organizational viability (whether the program can be maintained, receive administrative and financial support, and be modified to adapt to changes in knowledge and skill requirements); curriculum planning and administration; faculty preparation and commitment; student interest and commitment; educational level (level at which the gerontology degree is most appropriate); and employment (job opportunities for a person with a gerontology degree). The methodology the Task Force used to generate educational programs is described, from initial brainstorming in subcommittees devoted to different subject areas to development of content objectives for 43 courses in the areas of administration and planning, community services and social sciences, health, and mental health. In addition, the educational program classifications that the Task Force developed after assessing current job classifications in gerontology are presented. The concluding chapter summarizes public comment on the report. Appended is a chart showing the job titles and educational levels for various general job classifications in gerontology. The bibliography contains 17 listings. Report to the State Council of Higher Education in Virginia and the Virginia Office on Aging. Public Policy Series, no. 2.

14. Ashbaugh, John W.; Hoff, Maryann K.; Bradley, Valerie J.; and Reday, Michele.
Human Services Research Inst., Washington, DC.
Assessing the Needs of the Community Support Program Target Population: Selected Methods for National and State Application.
31 Oct 80, 232p Executive Summary available from PROJECT SHARE.
PB81-118655 Available NTIS PC $19.50/MF $4.00

The results of a review of Community Support Program (CSP) needs assessment activities and of a wide variety of needs assessment data sources relevant to the mentally disabled population treated by CSP are reported. Needs assessment is defined and the characteristics of this technique are identified. Techniques applicable to CSP programs are considered and data sources applicable to needs assessments of CSP activities at the State and national levels are discussed. The report also considers constraints and requirements applicable to CSP needs assessment methodologies, and relates them to strategies in use. Techniques which should be applied to national-level assessments are detailed including analyses of Supplemental Security Income, Social Security Disability Insurance, 1978 Survey of Disability and Work, and 1976 Survey of Income and Education data to estimate demographic characteristics. Recommendations for State-level assessments include generating State estimates of the size of the target population based on national data extrapolations, and institution-based, service provider, client, and key informant surveys to gather information about client populations and characteristics. CSP reports and literature are reviewed to identify needs assessment data characteristics and to describe the use of needs assessment data by CSP States. Tabular data are provided, and appendices include selected needs assessment instruments, sources of further information about techniques and data, a 26-item list of CSP reports, and a bibliography consisting of about 390 items.

15. Ashby, Sylvia; and Bensberg, Gerard J.
Texas Tech Univ., Lubbock. Research and Training Center in Mental Retardation.
Cooperative Occupational Preparation of the Handicapped: Exemplary Models.
1981, 390p
SHR-0007169 Available from Research and Training Center in Mental Retardation, Box 4510, Texas Tech University, Lubbock, TX 79409.

Exemplary model programs of occupational preparation of the handicapped are presented whose cooperative efforts with other agencies regarding vocational rehabilitation, special education, and vocational education have been successful. Programs were selected on the basis of their high quality in the vocation / career education program offered; exemplary interagency cooperation and coordination in programming, involving special education, vocational rehabilitation, and vocational education; functioning at the local level even if a statewide system is in effect; being replicable; including the severely handicapped; providing a continuum of range of services over the later school years and transition into employment; and serving youths approaching the age for vocational rehabilitation eligibility (age 13 to 18). Ten exemplary programs varying in size and budget and from various parts of the country are described. The major finding from the study is that any community can develop a comprehensive vocational preparation and job placement program for the handicapped. The essential element present in all the programs was the employment of a dynamic leader convinced that social and vocational competence should take precedence over other education objectives. One characteristic of the exemplary programs is their emphasis on a competency-based curriculum. Most have developed a detailed listing of all of the skills and knowledge required to perform a particular job. Separate sections are devoted to discussions of curriculum development in career education and vocational evaluation of the handicapped. Recommendations are offered. Appended are summaries of State agreements, nomination materials, sample forms from programs, and a list of members of the advisory committee and consultants. Over 60 references and a list of bibliographies in vocational evaluation are provided. Diagrams and charts are also given.

16. Bauer, Katharine G.
Robert Wood Johnson Foundation, Princeton, NJ.
Improving the Chances for Health: Lifestyle Change and Evaluation.
Mar 81, 187p
SHR-0007582 Available from National Center for Health Education, 211 Sutter Street, Fourth Floor, San Francisco, CA 94108.

Current efforts to improve health through lifestyle change and health evaluation are discussed. The first major section focuses on suspected precursors of disease attributable to lifestyle factors that are usually within the individual's own power to eliminate or minimize. The epidemiology of risk factors, the diagnosis of risk in individuals, and means of encouraging people at risk to adopt habits that will increase their chances for health are considered. Prevention activities underway in various national and regional groups and organizations are reviewed, and the issue of where future responsibility for leadership in prevention may lie is considered. The second major section deals with the use of the health care system to detect early manifestations of reversible diseases or abnormalities and provide counseling. Some recent attempts to improve the efficiency of periodic health evaluation of apparently well people are reviewed. Also considered are proposals for lifetime health monitoring and counseling suitable for physicians' office-based practices and organized ambulatory care settings, screening, and special health evaluation units in selected health maintenance organizations. The final section identifies research needs and presents conclusions. Already acquired knowledge must be disseminated promptly and then translated into actions that benefit more people. Also, the pace of biomedical, epidemiological, and behavioral research must be sustained or improved to close the many gaps in knowledge that still hamper the effective prevention of the diseases that pose the major threats to the health of the U.S. population in the 1980's. Exhibits of relevant information and footnotes are provided. (Author abstract modified).

17. Brennan, Kathleen; and Clark, Gary.
George Washington Univ., Intergovernmental Health Policy Project, Washington, DC.
Coordination of Regulatory Authority, Data Collection and Planning Efforts at the State Level.
2 May 80, 11p
SHR-0006663 Available from Intergovernmental Health Policy Project, Suite 505, 1919 Pennsylvania Avenue NW, Washington, DC 20006.

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Results are described of a project which conducted a search of State certificate-of-need (CON) laws to determine the existence of provisions mandating coordination of planning and data functions among various agencies in State government. The project also conducted a telephone survey of officials in 13 States to determine actual relationships (California, Colorado, Connecticut, Illinois, Maryland, Massachusetts, Minnesota, New Jersey, New York, Rhode Island, Virginia, Washington, and Wisconsin). There is some evidence that States are moving toward consolidating their data collection and coordinating their planning programs. Nonetheless, there is little evidence that States are moving toward actually combining regulatory functions (e.g., CON, rate control, medicaid, licensing) within a single agency. There is generally very little cooperation by professional standards review organizations (PSRO's) with State health planning or other regulatory agencies. This is especially true in California, Colorado, Connecticut, and New York. Health systems agencies (HSA's) in particular, but also some State health planning agencies, are not very adept at using information gathered by rate-setting agencies in the CON process. State officials agree that HSA's simply do not have personnel who are sufficiently trained in financial analysis and data management to use cost information meaningfully. Coordination of various State plans (most of which are required by Federal law), has not proceeded well despite various State and Federal mandates. In fact, few States coordinate their licensure and survey functions with either health planning or cost review activities in any significant way. The most prevalent example of attempts at sharing and cooperation among various State agencies is joint membership on various boards and task forces. There is a general recognition among most State officials of the need for better coordination of regulatory functions and better sharing of data. With a few notable exceptions in New Jersey and Washington, however, meaningful coordination is not going to be realized in less than 5 to 10 years. (Author abstract modified).

18. Bureau of Health Planning, Hyattsville, MD.
Health Planning Program: Citizens Planning for Local Needs.
Sep 80, 32p
SHR-0006484 Available from Health Systems Agency/NYC, 111 Broadway, New York, NY 10006.

This booklet presents a detailed account of the development and implementation of the National Health Planning and Resources Development Act of 1974, which was signed into law in January 1975. In general, health planning is aimed at making the health care system more effective and efficient. By creating a nationwide system of local and State health planning agencies, this landmark legislation put health planning into the communities and set in motion a process that lets the need for health facilities and health services be determined by the people who are to be served. To achieve its goals of moderating health care costs and improving access to quality health care, the health planning program works through the efforts of volunteer and staff members in a network of local Health Systems Agencies, State Health Planning and Development Agencies, and Statewide Health Coordinating Councils. For planning purposes, the Nation has been divided into 204 health service areas served by Health Systems Agencies which gather and analyze data and then develop short-range and long-range plans for agency action to improve the area's health care system. Each State Health Planning and Development Agency conducts health planning activities at the State level and submits the plans to the Statewide Health Coordinating Councils for approval. The State Health Planning and Development Agency serves as the designated agency in States conducting capital expenditure reviews under Section 1122 of the Social Security Act. Authority is granted for four types of reviews: certificate of need, capital expenditure, appropriateness, and proposed uses of Federal health funds. The health planning law lists 17 national health priorities for planning at the national, State, and local levels, emphasizing cost containment and competition in the allocation of health services. In addition, a National Council of Health Planning and Development was established to consult with the Department of Health and Human Services on the development of national guidelines for health planning, administration of the planning program, and evaluation of the implications of new medical technology. A graphic illustration of funding for health planning, sources of health planning information, and a list of regional offices are provided.

19. California Advisory Council on Vocational Education, Sacramento.
Coordinated Approach in Delivering Comprehensive Vocational Services.
Sep 78, 16p
SHR-0007264 Available from California Advisory Council on Vocational Ed., 1900 S. St., Sacramento, CA 95814.

A coordinated approach for developing comprehensive vocational services throughout California is presented. To achieve a coordinated approach to the delivery of vocational and occupational training services, the California Advisory Council on Vocational Education has set the following objectives: to improve the coordination of vocational training programs and services, to improve the occupational training system, to improve the use of available resources for occupational and training services, and to improve the data base for vocational training programs. This guide reviews delivery system capabilities, staff expertise, and the program planning and development phases in establishing a concerted and integrated program. It also suggests the potential for professional development programs, exemplary programs, and supportive services. The approach to maximize coordination is based on mutual agreement between employment and training program operators and vocational educators to focus on improving program performance, ways to enhance program services, and ways to preserve program strengths. Acknowledging the commonalities of services which could be provided by the various employment and training programs, the challenge to the operators, managers, and administrators is to make the delivery systems complementary rather than duplicative. With the available staff capabilities and the creative use of resources, innovative techniques could be developed in forming training consortiums to share experiences and expertise. The program planning and development approach could guide the network in meeting unmet needs, and professional development programs could improve the organization's responsiveness and effectiveness by upgrading the skills and capacities of the staff. The use of discretionary and exemplary programs could be the first step in coordinating an integrated employment and training delivery system at the local level. Supportive services could provide vocational education training and services to participants who otherwise could not benefit from the programs. Flow charts are included.

20. California State Dept. of Social Services, Sacramento.
Work Plan for the Implementation of the Centralized Delivery System: Statewide Public Assistance Network: A Project to Centralize the Delivery of Public Assistance Benefits in California.
Jun 80, 56p
SHR-0007257 Available from Department of Social Services, Publication Unit, 744 P St., Sacramento, CA 95815.

A detailed work plan is presented for the implementation of California's Statewide Public Assistance Network (SPAN), a centralized delivery system to enhance the administration of public assistance programs. The State's programs serve approximately 1.9 million needy residents and deliver about $2.6 billion per year in cash and other benefits. SPAN's objectives are to provide prompt and accurate verification of eligibility; accurate computation and timely

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disbursal of benefits; equitable, timely, and consistent treatment of recipients; and a reduction of administrative complexity. It also aims to enable strict enforcement of management and fiscal controls, the collection of management information, increased fraud prevention and reductions in duplicate payments, and increased responsiveness to program requirements. The development of the system has already begun for the following public assistance programs: Aid to Families with Dependent Children, food stamps, Medi-Cal eligibility, aid for the adoption of children, special adult programs, and social services and child support enforcement programs. Any county may elect to contract with the State for the determination of benefits for other public social service programs. SPAN will utilize a central computer system supporting terminals in all 58 counties; when fully implemented, it will be one of the largest systems in support of public assistance programs operated in the United States. Sections of the report focus on system functions, dates for the assumption of these functions, equipment and administrative costs, system impact on program administration, data confidentiality, and recommendations for necessary legislative changes to implement the system. A glossary is included. Report to the Legislature.

21. Chibucos, Thomas R.
Toward Broader Conceptualization of Child Mistreatment.
1979, 72p
SHR-0006915 Available from Human Sciences Press, 72 Fifth Avenue, New York, NY 10011.

The collection of articles views child abuse in a broad perspective by presenting data, theory, and program ideas from different areas of the behavioral sciences. The first article includes a theoretical framework for understanding child mistreatment. Abuse is considered to be the result of multiple interacting influences including social patterns. Next, the relative efficacy of the epigenetic and social network models of social development are put to empirical test by examining the relationship between inadequate attachment relationships and subsequent peer interaction. A third article investigates the nature and functions of social networks and early child rearing. A further article focuses on the premise that child abuse is most likely to occur when socially isolated parents react impulsively to aversive stimuli emitted by their children. Another article applies to the transactional–developmental approach to a prospective study of child maltreatment. Several factors, including maternal background, infant constitution, mother–infant interaction, and maternal perception of child temperament are used to predict child maltreatment. An additional paper presents a case model for linkage of social service delivery programs with the prevention and detection of child abuse. The concluding contribution explores the social and institutional forces which permit child abuse. Figures, tables, and reference lists for each article are provided. Infant Mental Health Jnl., v1 n4 Winter 1980 (special issue).

22. Civic Action Inst., Washington, DC.
Children's Advocacy.
Oct 79, 12p
SHR-0004964 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

This neighborhood action guide on children's advocacy is illustrated through discussions of two local councils for children in Massachusetts: the Bayside Council for Children which serves four Boston neighborhoods, and the Cambridge Council for Children which serves one municipality—Cambridge, Mass. The basic responsibilities, organization, and staff and funding of the councils are described and their goals and strategies outlined. For example, the Bayside Council's 10-week training program for neighborhood Parents Anonymous sponsors and the Cambridge Council's evaluation of community services for adolescents are described. Specific working committees or task forces such as the Cambridge Child Abuse and Neglect Committee are also discussed, as well as specific objectives of such groups. The guide emphasizes the importance of studying problems carefully, using public forums and workshops to broaden participation, and using events to stimulate action. In Cambridge, the tragic death of an abused young child and the establishment of a statewide child abuse hotline underscored the need for a comprehensive reporting system. The guide also gives some lobbying suggestions, based on work done by the councils, and discusses specific neighborhood activities to sponsor, the retraining of service provider personnel, and the development of new kinds of services such as the Comprehensive Emergency Services established in Cambridge. A list of four national organizations for advocacy and information is included. See also related documents SHR-0004954; SHR-0004955; SHR-0004957—SHR-0004963; SHR-0004965.

23. Civic Action Inst., Washington, DC.
Combating Housing Abandonment.
Oct 79, 24p
SHR-0004962 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

This neighborhood action guide describes the course of housing abandonment, the difficulties it causes, and the problems posed by having the city as landlord. A suggested community response is outlined with the warning that citizens who adopt it should be prepared for a long, arduous struggle. The strategy of Adopt–A–Building, developed in the Lower East Side of New York City, is described, and the necessary staff and governing structure, the role of community organizers and building and block organizations, and such components as staff training and town meetings are outlined. The guide gives suggestions on learning from existing housing problems and from the experience of other groups. It describes programs for occupied buildings in the areas of community management, repairs, the development of a temporary interim leasing program, de facto tenant management, and the use of administrators to replace private landlords. Programs for vacant buildings cover sweat equity urban homesteading and the Eleventh Street Movement ("El Movimiento Calle Once"). Energy conservation, including the use of a city windmill on a five–story tenement, and the growth of an energy task force are described. Housing authority rehabilitation and the Section 8 Demonstration Rehabilitation Program, the sealing up and future use of vacant buildings, and funding sources are also detailed. Photographs are included. See also related documents, SHR-0004954; SHR-0004955; SHR-0004957—SHR-0004961;SHR-0004963—SHR-0004965.

24. Civic Action Inst., Washington, DC:
Community Land Bank and Land Trusts.
Oct 79, 16p
SHR-0004959 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

Drawing on a study of the Southeast Land Bank in Baltimore, Md., this neighborhood action guide describes the bank's experiences as background for starting a community land bank. Neighborhoods can use community land banks to acquire ownership of strategic properties, usually with absentee owners, and sell them to persons who will occupy them. Community land banks can be used to upgrade deteriorated properties and eliminate blight, to transfer ownership to someone who will improve and maintain the property, and to help residential tenants purchase their own properties. Generally, a community land bank functions in the form of a private nonprofit corporation and needs a strong, experienced, and stable organization with capable leadership and with policy control held by the residents or their representatives. Readily available funds and different kinds of financing are essential. In acquiring property,

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such factors as eliminating blight, feasibility and cost of rehabilitation, and environmental conditions should be considered. Banks, therefore, have to decide whether to rehabilitate deteriorated properties or to sell them without improvements. Further, land bank properties should be marketed aggressively. Other considerations include financing sales and rehabilitation, relocating tenants without causing economic hardship, and maintaining a strong support staff. Steps for forming a neighborhood land trust and funding sources for a land bank are given. See also related documents, SHR-0004954; SHR-0004955; SHR-0004957; SHR-0004958; SHR-0004960—SHR-0004965.

25. Civic Action Inst., Washington, DC.
Forming Housing Cooperatives.
Feb 80, 16p
SHR-0004960 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

Based on a case study of a housing cooperative in Silver Spring, Md., this neighborhood action guide describes the formation, operation, and benefits of a housing cooperative, a device to provide people with the best possible housing at the lowest possible cost. To change an apartment house into a cooperative, a strong tenant association, representative leadership, tenant support, resident policy control, and constant communication are needed. Financial benefits of cooperatives include lower rents, a lower vacancy loss reserve, tax benefits, lower or minimal maintenance costs, and the possibility of a modest equity increase upon resale. Tenants forming housing cooperatives should establish clear goals and realistic objectives and should retain consultants for technical advice. Steps for acquiring and rehabilitating the property include obtaining the owner's option, securing funding for purchase and rehabilitation, and funding for cooperative financing. Some rehabilitation required by the lending institution may be necessary. The elective board of directors must set policy for the operation of the cooperative; committees should be formed for such areas as finance, building and grounds, and social activities, and the board should decide on an operating budget. The guide provides HUD information on multifamily rental housing for low–income and moderate–income families and further information about cooperatives. Answers to questions about cooperatives and a breakdown of county financial support for the Silver Spring cooperative are provided. See also related documents, SHR-0004954; SHR-0004955; SHR-0004957—SHR-0004959; SHR-0004961—SHR-0004965.

26. Civic Action Inst., Washington, DC.
Housing Rehabilitation.
Jan 80, 12p
SHR-0004961 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

This action guide on neighborhood rehabilitation concentrates on Kansas City, Missouri's Westside Housing Conservation Program (WHCP), a housing rehabilitation project serving low–income and moderate–income persons southwest of Kansas City's central business district. Because of interstate highways running through the area, thousands of residents were displaced and social and political cohesion were destroyed. The neighborhood's efforts to survive and become revitalized illustrate what can be done when a community is unified. The following are necessary elements in rehabilitating a neighborhood: (1) the neighborhood must assert itself to be saved (organizing citizens and overcoming government centralization); (2) the organization must be resident controlled; (3) housing rehabilitation must be undertaken, with the methods varying according to the needs of the particular neighborhood; and (4) other neighborhood improvement activities should be initiated, such as an emergency repair program, new construction program, and a weatherization program. Other requirements for successfully rehabilitating a neighborhood include getting a qualified staff with varied skills, obtaining technical assistance, and overcoming problems as they arise. The guide includes drawings, tables, and a map. See also related documents, SHR-0004954; SHR-0004955; SHR-0004957—SHR-0004960; SHR-0004962—SHR-0004965.

27. Civic Action Inst., Washington, DC.
Neighborhood Services for the Aging.
Oct 79, 16p
SHR-0004963 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

This booklet provides suggestions for efficient neighborhood services for the elderly to enable older people to live full lives and avoid premature institutionalization. Objectives include using elderly as volunteers in the planning of these services; developing a support system in the community for funding, finding volunteers, and discovering older people in need; and providing a program that adds educational and recreational stimulation along with services in the home. Other objectives include teaching methods for volunteers and publicizing the program. The organization needs a governing body representing both the elderly and the community, a strong staff, and community support. The program should reach out to the elderly, both for needs determination and service delivery, and the staff and volunteers should pay regular visits to individual homes. Telephone contacts are also important; if the older person does not call or does not answer the phone, then a visit should be made. The program can also deliver hot meals, help with home repairs and household chores, supply health care in the home, and provide transportation, information, referrals, advocacy, and senior center activities. Keys for a strong program include a basic funding system and the training of volunteers. The booklet includes a list of national organizations in the field of aging and gives examples of ongoing programs in Georgia; Washington, D.C.; Illinois; and Kansas City, Mo. Federal funding is available to all 50 States on a population formula from the Administration of Aging of the Department of Health, Education, and Welfare. See also related documents SHR-0004954; SHR-0004955; SHR-0004957—SHR-0004962; SHR-0004964; SHR-0004965.

28. Civic Action Inst., Washington, DC.
Neighborhood Food Programs.
Oct 79, 16p
SHR-0004965 Available from Civic Action Institute, 1010 16th Street NW, Washington, DC 20036.

Neighborhood food programs help the aging and other low–income persons obtain nutritious meals at low cost. This action guide on neighborhood food programs emphasizes the activities of Operation Brotherhood, a Chicago, Ill., neighborhood organization serving the needs of the elderly and physically handicapped. Food–related programs of Operation Brotherhood include wholesale buying and selling, food production in an outdoor garden and a greenhouse, delivering meals to homes, and distribution of food packages. Hints on buying food for a neighborhood program cover storage, comparative shopping, direct purchase from farmers, cooperative clearinghouses, and pick–your–own farms. Methods of obtaining surplus food are explained, as well as detailed directions on growing food in outdoor gardens and in greenhouses. Sources of food sales at modest prices to low–income and disabled persons are examined, including nonprofit food stores and mobile grocery stores. The guide also describes several approaches to serving hot meals to elderly persons, both in a central facility and in their own homes. Finally, offering free food in emergency situations is described, including the Special Supplemental Food Program for Women, Infants, and Children (WIC). Drawings, tables, and photographs are provided. See also related documents, SHR-0004954; SHR-0004955; SHR-0004957—SHR-0004964.

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29. Community Council of Greater New York. Research and Program Planning Information Dept.
Profiles of Two Adult Homes and Their Communities: The Need to Bridge the Gap.
Jun 80, 116p Executive Summary available from PROJECT SHARE.
SHR-0007757 Available from Research and Program Planning Information Dept., Community Council of Greater New York, 225 Park Avenue South, New York, NY 10003.

Two adult homes in two Brooklyn, N.Y., communities—Garden of Eden in Bensonhurst-Gravesend and Seaport Manor in Canarsie—are described to provide a baseline against which the accomplishments of a project providing services to home residents and bridging gaps between the homes and the communities may be viewed. Geographic and demographic information and the impressions of key informants are presented for each community. A description of each adult home covers its facilities, history, operations, services, and residents' characteristics and impressions. Data are presented on a sample of residents interviewed in each home, their activities inside and outside the home, and their use of services. Each community's past and present relations with residential care facilities in general and the target adult home in particular are explored. The two portraits are completed with data on the formal and informal types of social services that are currently in use or may be adopted for use by the residents of the target adult homes. Primary to the goals of the project is the creation of a resident council in each home and a community liaison council to link each home and community. Implications of the survey findings for these strategies are discussed. Appended are resident samples and interview methods, criteria for inclusion of service providers, and lists of organizations included in the survey by population served and types of programs offered.

30. Community Service Society of New York.
Case for Action Now: Strategic Planning to Offset the Anticipated Program Cuts of the Reagan Administration.
1981, 76p
SHR-0007385 Available NTIS PC $10.50/MF $4.00

Federally supported human service programs are analyzed for their current legislative and budget status, political adherence to Reagan administration policy, and vulnerability to Reagan's program cuts. The proposed elimination of many categorical grants in favor of expanded block grants is also evaluated. The following programs are now highly vulnerable under the Reagan administration's proposed budget cuts: the Comprehensive Employment Training Act (CETA) programs (need reauthorization), the Food Stamp program (current appropriation insufficient to cover this fiscal year), the School Breakfast and Lunch program (because of their relationship to the Food Stamp program), health planning (on continuing budget resolution), Community Health Centers (on continuing budget resolution), followthrough (needs reauthorization), mental health services, and Section 8 and Section 312 housing programs (administration bias against categorical assistance). Certain programs are less vulnerable either because their funding has already been advanced or secured, constituent support is strong (services for senior citizens and Head Start), or they are already funded by block grants (community development and title XX social services). Also, Federal support for health and nutrition programs for targeted groups of women, infants, and children appear in less jeopardy. Fact sheets on each of these programs contain a brief description of their services and clients, appropriations, vulnerabilities to Reagan's policies, and possible advocates. This paper was originally prepared in January 1981 for the New York City Task Force on Human Services Crisis.

31. Danish, Stephen J.; D'Augelli, Anthony R.; and Hauer, Allen L.
Helping Skills: A Basic Training Program. Trainee's Workbook.
1980, 119p
SHR-0006522 Available from Human Sciences Press, Inc., 72 Fifth Avenue, New York, NY 10011.

This workbook, designed for use in helping skills training programs for practicing human services workers, is intended for use with a training leader's workbook. The training program is designed around a five-step process: identifying and defining skills to be learned, presenting the purpose or rationale for learning, presenting a level of skill attainment, skill demonstration or models presentations, and skill practice opportunities. The programs' goals are to develop use of effective nonverbal attending behavior, to produce awareness of ineffective nonverbal attending behavior, to develop conversational style which facilitates the helpee's self-exploration, and to enable helpers to talk about personal feelings and reactions with helpees. Other goals are to develop an understanding of stated and unstated helpee communication and to integrate the basic helping skills. The individual learning sessions cover (1) nonverbal behavior; (2) continuing, leading, and self-referent responses; (3) understanding of personal needs; and (4) development of effective helping relationships. The program emphasizes continuous trainee feedback. Forms and practice exercises are included. Second Edition. See also related document SHR-0006521.

32. Department of Public Welfare, Harrisburg, PA. Office of Mental Retardation.
Pennsylvania's Model Individualized Written Program Plan for Vocational Rehabilitation Facilities.
1978, 64p
SHR-0006858 Available from Materials Development Center, Stout Vocational Rehabilitation Institute, University of Wisconsin-Stout, Menomonie, WI 54751.

To assist rehabilitation agencies in preparing and implementing Individualized Written Program Plans (IWPP's) for handicapped clients, this report presents a resource manual and instructions for completing and for reviewing the IWPP according to State (Pa.) and Federal regulations. A sample completed Pennsylvania model IWPP is also supplied. The IWPP is developed as a result of a group process between the client and the interdisciplinary treatment team. It provides goals and procedures for attaining those goals for the individual client to enable the client to become more productive, independent, and self-fulfilled. A description of suggested procedures for developing an IWPP is included, and instructions for completing the IWPP form are given for the cover sheet, goal sheets, and performance notes. A glossary and suggested sources for further information are provided. The resource manual offers suggestions and recommendations to assist vocational rehabilitation staff in implementing the IWPP. It also offers strategies for enhancing staff cooperation and for dealing with problem behaviors. Case examples and illustrations are supplied.

33. Dermer, Joseph.
How to Raise Funds from Foundations.
1979, 96p
SHR-0007009 Available from Public Service Materials Center, 355 Lexington Ave., New York, NY 10017.

This third edition of a manual on raising funds from foundations presents both the theory and the reality of undertaking successful efforts in the foundation field. Case examples are cited. A chapter on the history of foundations classifies these organizations into five broad categories: general purpose foundations, special purpose foundations, corporate or company foundations, family foundations, and community foundations. The book notes that one of the most difficult tasks of the grant seeker is to locate the necessary information about a given foundation. However, the Tax Reform Act (TRA) of 1969 increased the information that foundations must make available to the Internal Reve-

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nue Service (IRS) and to the public. In addition, the new law requires that a foundation discern if a fund seeker is a public or private organization under 501 (c) (3) and whether or not the funded activity will fall under one of the five newly prohibited categories of activity. The book advises that two primary sources of information about foundations are annual reports and the reports which foundations must file with the IRS. However, most grant seekers consult the "Foundation Directory," which contains all essential information. Other resource materials are also described. Chapters are devoted to advice on how to get an interview with the foundation, what to say and do during the interview, working with volunteers, and descriptions of general purpose grants. Also explained are what to do after the proposal is submitted, foundation possibilities that should not be overlooked, and how to write the presentation. A list of checkpoints and a list of related publications are provided. Third edition.

34. Development and Evaluation Associates, Inc., Syracuse, NY.
Training Evaluation System: Contractor's Evaluation Manual.
Oct 80, 72p
SHR-0006934 Available from Office of Human Resources Development, 40 N. Pearl Street, Albany, NY 12243.

This manual clarifies evaluation requirements for all training contracted by the New York State Department of Social Services, Office of Manpower Development. The discussion of evaluation requirements and options describes the following three sets of activities on which the Department of Social Services (DSS) training evaluation system is based: summative evaluation requirements, which apply to all courses; formative evaluation requirements, which apply to all courses under development; and supplementary evaluation options, the application of which depends on the specific nature and context of individual courses. The required training grant proposal format is given for contractors' descriptions of their plans for training evaluation. Internal recordkeeping guidelines and expectations for quarterly reports and final reports to the Department of Social Services are also presented. A discussion of evaluation procedures—pre-outcome and post-outcome assessment, post-course participant feedback, post-course participant followup, on-the-job participant impact assessment, and DSS procedures cost analysis—helps contractors and evaluation staffs choose among possible evaluation techniques. Procedures for the evaluation audit are discussed in the concluding section. The evaluation audit is similar to a financial audit in that grantees are required to conform to standard data collection and recordkeeping procedures, so that a DSS representative can spot-check the data provided by grantees. See also related document, SHR-0006933.

35. Development and Evaluation Associates, Inc., Syracuse, NY.
Training Evaluation System: Evaluation Resource Manual.
1980, 131p
SHR-0006933 Available from Office of Human Resource Development, 40 N. Pearl Street, Albany, NY 12243.

This manual is a resource for New York State Social Services training and materials development. The section on program and curriculum evaluation contains guidelines and suggestions for planning comprehensive training program evaluations, while the discussion of course, workshop, and trainer evaluation considers several standardized instruments widely used in academic contexts. General concepts and specific items that may be useful in training environments are also examined. Considerations of purpose, technique, and format are discussed in the reference section on trainee / student assessment. The treatment of criterion-referenced testing is of special interest to contractors, since so much of social service training is job or task oriented. Items in the training materials evaluation and validation section are intended to be useful for training / development evaluation and for department of social services contract monitors. Instructional resources are presented in the cost–analysis and cost–effectiveness evaluation section. An annotated bibliography of selected evaluation references is supplied, and other relevant reports are presented, including a paper on needs assessment. (Author abstract modified). See also related document, SHR-0006934.

36. Dickman, Irving R.
Teenage Pregnancy: What Can Be Done.
1981, 28p
SHR-0007843 Available from Public Affairs Pamphlets, 381 Park Avenue South, New York, NY 1001

The extent, consequences, and possible responses to teenage pregnancy in America are discussed. One of every 10 girls from age 15 through 19 becomes pregnant annually. The growing number of teenage pregnancies, most involving unmarried adolescents, makes this a significant social and medical problem. Unhealthy babies, the thwarted personal development of the mother, and unstable teenage marriages are some of the adverse consequences of teenage pregnancies. Options for preventing such pregnancies include sex education which emphasizes the importance of postponing pregnancy until mature years, the family's transference of the values of abstinence from sexual intercourse during adolescence, and contraception. Abortion is currently a controversial option for preventing a pregnancy from reaching term. A variety of programs are designed to lessen the adverse consequences of teenage pregnancy through counseling and appropriate medical services. Federal efforts currently appear to favor withdrawal of support for funding of abortion, sex education, and family planning in favor of placing the responsibility of sex education within the moral teachings of the family. It is difficult to believe that this will be an effective solution for so widespread a problem. Various types of programs currently available for pregnant teenagers are listed and briefly described, and 18 related public affairs pamphlets are listed. Public Affairs Pamphlet, no. 594.

37. Dombrowicki, Angela S.
Wisconsin Dept. of Health and Social Services, Madison. Div. of Community Services.
Case Management Pilot Projects in Selected Community Services Boards.
Dec 80, 104p
SHR-0006180 Available NTIS PC $12.00/MF $4.00

This report describes the activities and accomplishments of a 3–year case management project administered by the Wisconsin Department of Health and Social Services, using several types of case management models. Five Wisconsin counties served as project sites for implementing and testing the models. Definitions, goals, structure, and support for case management varied among the project sites. However, each of the sites established objectives, delineated authority and responsibility, developed systems management activities, created an approach to case management components, dealt with the issue of confidentiality, considered cost effectiveness, developed strategies for changing objectives, and considered system strengths and weaknesses. The project planning process began with a consideration of the problems which case management was expected to solve at the individual project site and then proceeded to systems definitions, resource identification, determination of the model's effect on staff, and development of an evaluation mechanism. Each of the project sites is described in detail. For example, case management pilot project objectives for the Brown County site included improving existing communications among 48 public and private service agencies, educating case workers, encouraging providers to work together, and facilitating delivery of services. Copies of forms, correspondence, and charts are included.

38.

38. Durman, Gene; and Rogers, Cheryl.
Urban Inst., Washington, DC.
Conducting a Nursing Home Information Project. Volume I: Project Manual.
1980, 60p
SHR-0007074 Available from Center for the Study of Welfare Policy, 236 Massachusetts Avenue NW, Washington, DC 20002.

This project manual provides a step–by–step description of the development of a nursing home information project. The project aims at helping persons and families make an informed nursing home placement decision by providing them with a single source of complete and reliable information on all the nursing homes in a community. Aspects of developing the information project are the initial organizing phase, recruitment of volunteers, the training session, site visits, data compilation and display, and publication and dissemination. The discussion of the initial organizing phase considers the role and responsibility of the coordinator throughout the project, initial organizing responsibilities, and guidelines on answering questions from administrators. Types of volunteer jobs, the necessary number of volunteers, and methods of recruiting volunteers are portrayed in the section on recruiting volunteers. Topics addressed in relation to the training session are preparing for training and scheduling; a detailed outline of the training session and a list of films available to augment the training session are included. The issues involving site visits are scheduling, handling refusals from administrators, and procedures during and after the visits. Concerning the task of data compilation and display, the subjects addressed are general guidelines for developing a guide to nursing homes in a community, the content of the guide, preparing the guide, compiling the data, sample profiles, comparative displays, and the calculations required in compiling the data. Funding the publication, printing, and dissemination of the guide are considered in the concluding section. See also Volume II, SHR-0007075; Volume III, SHR-0007076.

39. Durman, Gene; and Rogers, Cheryl.
Urban Inst., Washington, DC.
Conducting a Nursing Home Information Project. Volume II: Resource Manual.
1980, 262p
SHR-0007075 Available from Center for the Study of Welfare Policy, 236 Massachusetts Avenue NW, Washington, DC 20002.

This volume, intended to accompany the project manual for conducting a nursing home information project, provides materials designed to improve the organization of a local nursing home information project; extracts from nursing home guides produced by local projects which used these materials; and copies of instruments and procedures which can be used to compile a list of local nursing homes, visit local nursing homes, compile information contained in nursing home inspection reports, gather information on alternatives to nursing homes, and publicize and secure funding for the local project. The aim of a nursing home information project is to help persons and families make informed nursing home placement decisions by providing them with a single source of complete and reliable information on all the nursing homes in a community. The materials in this volume are organized as a series of appendices which treat the following subjects: how to compile a list of nursing homes, sample records, sample time lines, useful contacts, sample letters to administrators, instructions for using inspection report materials, sample recruitment letters, sample recruitment newspaper articles, sample cover letter to administrator for review, excerpts from completed guides, sample proposals for funding, letter of support for procuring local funding, instruments, and forms for compiling data. See also Volume I, SHR-0007074; Volume III, SHR-0007076.

40. Durman, Gene; and Rogers, Cheryl.
Urban Inst., Washington, DC.
Conducting a Nursing Home Information Project. Volume III: Volunteer's Manual.
1980, 68p
SHR-0007076 Available from Center for the Study of Welfare Policy, 236 Massachusetts Avenue NW, Washington, DC 20002.

This manual is designed to help volunteers understand their role in the development of a nursing home information project. The aim of a nursing home information project is to help persons and families make informed nursing home placement decisions by providing them with a single source of complete and reliable information on all the nursing homes in a community. The manual provides an introduction to the project, explaining what a nursing home information project entails, what kinds of information will be collected and used, and what the volunteer's role as a project participant might be. It supplies information about what the volunteer can expect when visiting a nursing home; the volunteer's possible emotional responses to what may be observed in the nursing home and some suggestions on how to deal with these reactions are presented. The manual also discusses the role of a site visitor. The survey instruments for collecting information on nursing homes are described and some tips on how to conduct a successful site visit are provided. Examples of a completed set of site visit materials are provided along with explanations of particular items. The concluding section contains three reference lists: a glossary of terms often heard in nursing homes, a list of some of the many books that have been written on aging and nursing homes, and a copy of the patients' bill of rights. See also Volume I, SHR-0007074; Volume II, SHR-0007075.

41. Durrance, Joan Coachman.
Horace H. Rackham School of Graduate Studies, Ann Arbor, MI.
Citizen Groups and the Transfer of Public Policy Information in a Community.
1980, 227p
SHR-0007824 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

Findings and implications are reported from research that examined and analyzed selected characteristics of citizen groups that influence group information transfer behavior. The objective was to form the basis for the development of library information delivery systems for a potential user group. In addition to focusing on the characteristics of citizen groups, the study also explored the characteristics of the information seeker, the citizen–group role in information transfer, barriers to information seeking, and factors that may affect the information transfer process. The research site was Toledo, Ohio, where citizen groups that met a set of criteria were selected for study. The groups chosen were currently active and had identifiable leadership; had a local Toledo or northwest Ohio chapter or had local active members; were concerned with issues affecting the community, its people, or a neighborhood within the community; had engaged in topical information seeking within the past 15 months; and were composed of citizen members. The information seeker in each of 48 groups was interviewed using a survey instrument designed to produce descriptive statistics about group activity in information transfer. Information seekers in the groups were found to use a variety of interpersonal and print sources over an extended period. They were predisposed to use public libraries but were often unable to obtain the information needed from the library. Those who knew the name of a librarian had higher library success rates than those who did not. A list of interviewed citizen groups and the survey instrument are appended. Tabular data are provided, along with footnotes for each chapter and a bib-

41.

liography with about 75 entries. Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to University of Michigan, 1980.

42. Elder, Jerry O.; and Magrab, Phyllis R.
Coordinating Services to Handicapped Children: A Handbook for Interagency Collaboration.
1980, 250p
SHR-0007625 Available from Paul H. Brookes Publishers, PO Box 10624, Baltimore, MD 21204.

This anthology discusses issues in interagency collaboration, models of interagency collaboration, and effecting interagency collaboration to coordinate services to handicapped children. It is intended to help educators, professionals, paraprofessionals, and administrators in all of the human service delivery systems promote and initiate solutions to the problems and issues of providing services to handicapped children across the various delivery systems. Papers dealing with the basic issues relating to interagency collaboration (1) trace the development of interdisciplinary teams as an evaluation and treatment mode for handicapping conditions and show how some of the basic concepts relating to interdisciplinary care contribute to coordination of services, (2) provide an overview of interagency collaboration and examine the role of various levels of government in this area, and (3) examine the human factors involved in interagency collaboration and coordination of services. Four models of service coordination for handicapped children and the experience gained through their operation are described. A rationale is developed for Direction Service, a program with a fixed point of referral and coordination unit for handicapped children, and the experiences of developing a community interagency effort in Colorado are detailed. Efforts in Kansas for developing interagency teams centering around preschool children's needs are also portrayed. An interagency collaboration demonstration project in Massachusetts is also reviewed from a planning perspective. In addition, some of the empirical and theoretical studies in the literature relating to interagency collaboration are reviewed, and an interagency planning setting is described. Finally, information required to effect interagency collaboration is presented. Appended are interagency agreements that define the forms of coordination of service delivery. Chapter references, footnotes, tables, charts, and an index are included. (Author abstract modified).

43. Elkin, Robert.
Office of Human Development Services, Washington, DC. Office of Policy Development.
Human Service Manager's Guide to Developing Unit Costs.
1980, 31p
SHR-0006982 Available from Institute for Information Studies, 200 Little Falls Street, Suite 104, Falls Church, VA 22046.

Prepared for experienced managers of human service agencies, this monograph explains the use of unit costs in purchasing services, budgeting, and evaluating programs. Following a brief review of unit cost concepts and the systems approach to service delivery analysis is a description of the ways an agency can apply unit costs. For example, cost data can be used to compare programs, improve budget presentations, set fees, allocate resources, and monitor service delivery. The following steps in determining unit costs are presented: identifying total costs, defining services, computing costs of a service, and finally computing the unit costs. The discussion of different perspectives on unit costs considers the focus of the cost unit, base time period, relationship between cost and rates, and cash and accrual accounting methods. An overview of methodological issues begins with the uses and misuses of cost information and then discusses service unit definitions, data collection techniques, and updating unit costs as part of a comprehensive data base.

Checklists are provided to help managers decide if a unit cost system would be valuable and how to plan for its implementation. Technical skills and personnel needed to develop unit costs are also detailed. The final section contains a checklist for evaluating cost reports. Numerous illustrations of unit costs drawn from a variety of human service fields accompany the text. Charts, a glossary, and references are included.

44. Elliot, Phyllis; and Forman, Jane.
Social Services Research Inst./Welfare Research, Inc., Washington, DC.
Analyzing Costs in Human Services Programs: Procedures Manual, Volume 2.
Mar 80, 47p
SHR-0007083 Available from Welfare Research, Inc., 1015 18th Street NW, Suite 810, Washington, DC 20036.

This manual, developed for users of cost analysis in human service agencies, contains the procedures to be followed by providers and administrative agency staff in collecting and analyzing cost data for human services. The cost analysis methodology was developed as a result of field tests and demonstrations in the area of child day care in New York, Ohio, and Oregon. Although the manual's procedures, worksheets, and instructions have been designed for child day care, they can be easily revised to collect cost data on other services. The manual begins with a definition of cost analysis as a uniform system for collecting, analyzing, and organizing cost information and with a discussion of its uses for funding and provider agencies. The remainder of the manual presents worksheets on which to collect information, detailed instruction for completing the worksheets, and a discussion of data analysis strategies. Worksheets to be completed by providers include a classification questionnaire, which reports basic descriptive information about the center; a statement of income from current operations, which reports all sources and amounts of income received for the reporting period; a projected annual budget; and a worksheet on operating expenses. Other provider worksheets include a random sample time sheet, a volunteer time sheet, a summary attendance record, and a summary of real personnel expenses. Cost analysis worksheets to be completed by the funding agency include a summary of real personnel expenses, a summary of days of service, a summary of volunteer time sheets, a summary of real expenses and value of donated goods and services, and a worksheet on day care costs according to functional area. Types of data analysis include analysis of general costs and income, functional analysis, and line item analysis. The manual is the second in a series of four manuals on cost analysis methods and related training. See also related documents, Volume 1, SHR-0007082; Volume 3, SHR-0007084; Volume 4, SHR-0007085.

45. Elliott, Phyllis; Forman, Jane; and Riesett, Robert.
Social Services Research Inst./Welfare Research, Inc., Washington, DC.
Analyzing Costs in Human Services Programs: Reader's Guide Volume 1.
Mar 80, 18p
SHR-0007082 Available from Editorial Assistant, Social Services Research Institute, WRI, Suite 810, 1015 18th Street NW, Washington, DC 20036.

This initial guide in a four-volume series is designed to give decisionmakers in State and local human service agencies information about the value and application of cost analysis in human services programs. Cost analysis is first defined, and then its benefits and applications are discussed. Using publicly funded child day care as an example, three principal components of a cost analysis system are outlined—data collection, data aggregation and analysis, and interpretation and application. Methods for organizing cost analysis information are described, beginning with general cost and income calculations, such as average cost per

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child day. Functional analysis techniques that examine provider expenditures in terms of individual functions or services are reviewed, as is line item analysis. Descriptive data that should accompany cost analysis information are identified, so that a decisionmaker can make a qualitative assessment of an organization. In the past, the unique characteristics of human service organizations have hindered the application of traditional cost analysis methodologies. For example, output is difficult to measure, and political factors rather than cost-effectiveness often influence decisions. Based on field tests and demonstrations, common problems encountered in this cost analysis method are examined. The guide recommends that prior to undertaking any cost analysis, goals should be clearly defined, resistance overcome, and the administrative staff properly trained. Data collection efforts should be monitored constantly, and programs participating in a cost analysis study should be encouraged to operate on an accrual rather than a cash accounting system. A series of questions to help an administrator decide if cost analysis would be useful conclude the booklet. Charts and tables are provided. See also related documents, Volumes 2-4, SHR-0007083—SHR-0007085.

46. Ellis, Bernard H.; Indyke, Doris; and Debevoise, Nancy M.
National Cancer Inst., Bethesda, MD. Office of Cancer Communications.
Smoking Programs for Youth.
Jun 80, 92p
SHR-0007071 Available from Office of Cancer Communications, National Cancer Institute, Building 31, Room 4B39, Bethesda, MD 20205.

This manual aims to promote understanding of the smoking problem among youth and to stimulate decisionmakers to develop school smoking prevention and cessation programs. The volume begins with a review of trends in teenage smoking behavior and a discussion of the major factors that influence smoking. Although the percentage of adult smokers in the population has been dropping steadily between 1964 and 1978, until very recently teenage smoking was increasing, especially among girls. A 1979 survey showed that 10.7 percent of boys and 12.7 percent of girls between ages 12 and 18 report smoking regularly. Predictors of smoking include age and sex, school environment, peer pressure, advertising, family influences, socioeconomic influences, and individual characteristics. The results of past and current regulatory and educational approaches to smoking among youth indicate that many approaches may be counterproductive. The most promising educational approaches tend to shift away from instruction about the long-range health hazards of smoking toward emphasis on more immediate factors, ranging from short-term health risks to peer encouragement of smoking. Most current smoking education approaches incorporate the methods of encouraging student participation, illustrating the immediate effects of smoking, incorporating smoking into a lifestyle education program, determining personal health risks, and conducting programs in nonschool environments. Development and implementation of a school smoking program should begin with recognition that teachers are role models and should emphasize development of a general school environment that discourages smoking. Smoking education modules can be developed within appropriate courses. Development of a comprehensive smoking education program should start with identification of interested groups and individuals and follow through to implementation and evaluation. The book's final chapter describes a variety of promising smoking education programs that are currently being used in schools around the Nation. The general program categories include youth-coordinated projects, projects that illustrate the immediate effects of smoking, youth-to-youth teaching programs, lifestyle education, programs that appraise health hazards, health education curriculums with smoking components, and smoking cessation programs. For each program, the target group, primary emphasis, materials required, costs, teacher training, reported effectiveness, history and current use, funding, and contact person are listed. An appendix lists additional printed resources, resource organizations, and contemporary texts on school health education. Photographs, tabular data, and 93 reference notes are supplied.

47. Endy, Daryl.
American Association of Univ. Women, Washington, DC.
AAUW Community Action Tool Catalog. Techniques and Strategies for Successful Action Programs.
1981, 227p
SHR-0007638 Available from American Association of University Women, Sales Office, 2401 Virginia Avenue NW, Washington, DC 20037.

In providing brief descriptions of techniques for planning and executing community action projects, this book acts as a catalog, and it serves as an instruction manual in providing step-by-step guidance for implementing the various techniques, particularly for organizations with low budgets and volunteer workers. Although the catalog is particularly intended for use in implementing programs of the American Association of University Women, it also can be helpful in work with other community groups. The opening section offers general advice on the steps in organizing and implementing an entire project, followed by sections that describe specific techniques grouped into broad categories: dealing with institutions, demonstrations of support or opposition, fact finding, publicity and information techniques, and organization and planning. Most of the chapters within each section deal with only one technique. Each chapter follows the same format. The opening and closing sections of each chapter are designed to help project planners quickly evaluate the potential and suitability of the technique discussed. Goals the technique can help to achieve are then listed, followed by an inventory of the people, time, money, and equipment needed to use the technique. An "action checklist" presents the steps to be followed in using the technique, including preliminaries, implementation, and evaluation and followup. Also provided in each chapter is a listing of selected reference sources. An index is included.

48. Esser, Thomas J.
Wisconsin Univ.-Stout, Menomonie. Materials Development Center.
Gathering Information for Evaluation Planning.
Mar 80, 60p
SHR-0007596 Available from Materials Development Center, Stout Vocational Rehabilitation Institute, University of Wisconsin-Stout, Menomonie, WI 54751.

The content and structure of the process during which information on the client is gathered prior to beginning vocational evaluation services are discussed. Ideally, the referral source should provide all necessary referral information so that the planning process can be conducted in a structured and efficient manner. When this does not happen, the staff of the vocational rehabilitation facility must obtain the necessary information for client vocational evaluation and planning. The information obtained should relate to the client's ability to find, secure, and retain employment. Information categories representative of the data most useful in vocational planning are demographic and identifying information, work history, education and training, personal / social / environmental factors, physical and mental capacities, vocational interests and goals, and job-seeking experience. A structured information form to be used in soliciting information from the client is proposed. A primary advantage of the form is that all important vocational information is available on one document, eliminating the need for a number of forms in a client's file. It is also helpful in structuring the initial interview. A copy of the form is provided, along with detailed instructions for

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using it. Suggestions for using this manual are provided, and four references are included.

49. Federation for Community Planning, Cleveland, OH. Council on Mental Health.
Cooperative Apartment Living Project: Handbook for Community Volunteers.
Apr 81, 44p
SHR-0007311 Available from Planning and Action, Newsletter of The Federation for Community Planning, 1001 Huron Road, Cleveland, OH 44115.

This handbook is designed to serve as a guide for community groups in planning and implementing a program of cooperative apartment living for former mental patients. Such apartments usually consist of two to four people who live together, supporting each other emotionally and socially, and sharing living costs and household duties. Supervision and support are made available as needed through a professional mental health agency and the support of community organizations in the neighborhoods where they are located. Volunteers from the community organization assist the people living in the apartment. The manual begins with a discussion of the program's benefits to the apartment resident. It continues with sections on referral and selection of apartment residents,techniques for approaching a landlord, and methods for setting up the apartment. Additional sections discuss considerations for helping residents develop good roommate relationships, practical problemsolving techniques, and budgetingfor an apartment. Further sections discuss the residence agreement, meeting the prospective residents, and suggestions for encouraging the residents to become involved in the community. The final sections discuss how to use community mental health agencies and other community resources. An appendix presents copies of letters from several community organizations, sample chore charts, and related information. Handbook was prepared by the Task Force on Cooperative Apartment Living.

50. Fields, Lanny.
Welfare Research Inst., New York.
Autism in New York State: Definitions, Prevalence, Services, Issues.
Sep 80, 65p
SHR-0006541 Available from Publications Editor, Welfare Research Institute, 10th Floor, 112 State Street, Albany, NY 12207.

This paper presents information about autism, with particular emphasis on services available in New York State. Three definitions of autism are discussed, as well as its prevalence and its diagnosis. The absence of a clear definition of autism precludes the development of a comprehensive assessment of needs for persons with autism, but a partial needs assessment can be performed. For this study, chapter presidents of the New York State Society for Autistic Children were surveyed. Mentioned most often as important unmet needs were improved education, respite care, and group homes. Other frequently mentioned needs included parental support, 12-month education, secondary school and postschool recreational programs, and knowledgeable physicians willing to treat persons with autism. Another source of data on needs in New York State is the Technical Assistance Project in Health, Education, and Welfare Region II. The service needs of persons with autism are different from those of persons with other developmental disabilities in that the ratio of clients to staff must be low and educational services must include behavior management and be intensive and systematic. Also, services should be provided by staff trained specifically to work with people with autism. Noteworthy programs in autism are reviewed. All of the programs mentioned provide noteworthy education and training for people with autism ranging in age from early childhood to young adulthood, as well as rehabilitation in a community setting with reintegration into the least restrictive home environment as the goal. When aversive control is used, appropriate peer review and advocacy review of procedures and effects must be implemented to protect a client's constitutional rights. Tabular data and 50 references are included; a list of agencies providing services to individuals with autism in New York State is also given. This document is derived from a report entitled "Serving People with Autism in New York State-1979."

51. Figgures, Cleo.
Philadelphia School District, PA. Early Childhood Evaluation Unit.
Evaluation of the Get Set Day Care Program, 1978-1979.
Apr 80, 44p
SHR-0006702 Available from Early Childhood Evaluation Unit, Room 603, Administration Building, School District of Philadelphia, 21st Street and the Parkway, Philadelphia, PA 19103.

This report by the Office of Research and Evaluation of the School District of Philadelphia, Pa., evaluates the Get Set Day Care Program in terms of its developmental, parent involvement, staff development, and supportive services components. Data were collected through various questionnaires. Data from the Developmental Behavior Checklist (DBC) revealed that the Get Set Day Care Program's mastery of seven developmental categories was equal to that of all prekindergarten programs combined. Social interaction was the developmental emphasis seen most frequently in the classroom, and direct teaching was the major adult role observed. Staff development data showed that the majority of the staff in each category had attended one or more workshops during the year and were generally satisfied with supervisory services. Parent involvement data confirmed an increase in the number of volunteer hours contributed to the program by Get Set families compared with those contributed last year. Five appendices contain an observation data summary, DBC data summary, parent involvement summary, staff development summary, and ancillary services summaries. (Author abstract modified). Report number 8050.

52. Finnan, Christine R.; Groeneveld, Lyle P.; Henton, Douglas C.; Moss, Laurence A.; and Waldhorn, Steven A.
Stanford Research Inst., Menlo Park, CA.
Alternative Approaches to Refugee Resettlement: Analysis.
15 Mar 81, 192p
SHR-0007639 Available from Publication Services, SRI International, 333 Ravenswood Avenue, Menlo Park, CA 94025.

Principles for designing approaches for refugee resettlement are suggested for these areas: admissions, placement, initial settlement, resettlement practices (as they affect both immediate economic self-sufficiency and social adjustment), and cash assistance. The analysis describes problems associated with each aspect of refugee resettlement, presents approaches used in the resettlement process in the United States, describes issues raised by these approaches, and offers alternative strategies to resettlement. Organizational arrangements for promoting resettlement strategies are also analyzed, and resettlement approaches used in other countries are described. The introduction reviews the historical and international context of refugee resettlement, as well as the domestic context. It is noted that a variety of alternative approaches to resettlement exist. However, a strategic approach requires choosing the most appropriate alternative for a particular refugee situation. A set of strategies, rather than a universal resettlement strategy is recommended. The strategies should provide for differences among refugee groups, among individual refugees within a group, and among jurisdictions receiving refugees. They should also provide for changes in admissions flow, the ability of the refugee to become self-sufficient with time, and the need for flexible organizational arrangements to allow for differing strategies. In an appended discussion, characteristics of new refugees entering the United States are compared to those of traditional refugees. Over 100 references are provided including citations of

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foreign literature. See also related document, SHR-0007640.

53. Finnan, Christine R.; Henton, Douglas C.; and Waldhorn, Steven A.
Stanford Research Inst., Menlo Park, CA.
Alternative Approaches to Refugee Resettlement: Overview.
15 Mar 81, 29p
SHR-0007640 Available from Publication Services, SRI International, 333 Ravenswood Avenue, Menlo Park, CA 94025.

This analysis of alternative approaches to refugee resettlement provides background information for policy development. It is based on interviews with researchers and practitioners as well as a review of previous studies in this area. The basic dimensions of the refugee problem are examined, and the resettlement consequences of the admission process are surveyed, with emphasis on the Refugee Act of 1980. The analysis presents guidelines for developing strategic approaches to designing resettlement strategies and organizational agreement. They involve consideration of (1) different types of refugee groups requiring different resettlement strategies, (2) the need for flexible organizational arrangements for promoting refugee resettlement, (3) the influence of admissions flow on the design of resettlement strategies, and (4) the necessity of different placement approaches for different refugee groups. In addition, it is noted that Federal refugee resettlement policy should involve strategies for assisting both individual refugees and jurisdictions in geographic areas heavily impacted by refugees and should accommodate the varying roles and responsibilities of different resettlement factors over time and in particular places. Alternative approaches are outlined in the policy areas of placement, initial settlement, resettlement practices (as they affect both immediate economic self-sufficiency and longer range social adjustment), and cash assistance. Organizational issues related to these policy areas are also examined. See also related document, SHR-0007639.

54. Florence Heller Graduate School for Advanced Studies in Social Welfare, Waltham, MA.
Contracting for Service as a Mechanism for the Delivery of Human Services: A Study of Contracting Practices in Three Human Service Agencies in Massachusetts.
Jun 80, 26p
SHR-0007040 Available from Arnold Gurin, The Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, Waltham, MA 02254.

An executive summary is presented of a study of the contracting practices in three Massachusetts human service agencies—the Massachusetts Rehabilitation Commission, the Department of Elder Affairs, and the Protective Services Program for Children of the Department of Public Welfare. Data were gathered from interviews, program materials, and onsite visits, and reports were prepared to describe the practices of each agency regarding purchases of service and contracting for service. It was found that if contracting is to be an effective mechanism for service delivery in relation to costs and quality, the contracting agency must have the capacity to administer it effectively through monitoring and the formulation of policies and service plans. Where contracting is used, the selection of providers, specification of service requirements, and quality control should occur as closely as possible at the level of direct client service. Such decentralization is likely to increase the opportunities for client access to service and client participation in decisionmaking. The information costs involved in setting the rates for purchased services are very high if an attempt is made to evaluate the costs of individual providers. Ratesetting procedures should be kept as simple as possible through the use of mechanisms such as fixed rate schedules. Flexibility in rates should permit the achievement of specific objectives, such as increasing the volume of services or obtaining particular kinds of services not otherwise available. Rate differentials relating only to differences in provider costs without corresponding differences in services are more questionable. Neither the ratesetting process nor formal contracts can be trusted as instruments of quality control; decentralized methods closely related to client service are required. No references are cited. See also related document, SHR-0005319.

55. Fortune, Martha; Goldberg, Nancy; Llano, Felise; and Niemela, Mary.
Boston Coll., Chestnut Hill, MA. Graduate School of Social Work.
Social Services in Occupational Settings: A Study of Eight Companies.
Dec 80, 109p
SHR-0006828 Available NTIS PC $12.00/MF $4.00

Findings and recommendations are presented from a study having the following objectives: (1) to describe the obstacles to developing an employee assistance program (a company-sponsored counseling program for individual employees); (2) to examine company incentives for establishing an employee assistance program (EAP); (3) to describe various types of EAP models; (4) to examine the roles of public and private systems in relation to the development of EAP's; and (5) to make recommendations on the role of the Health Planning Council for Greater Boston (HPCGB) in regulating, planning, and implementing EAP's in occupational settings. The research consisted of a literature review of background information in the areas of health insurance, health-care costs, industry and cost-containment measures, EAP's, and the health promotion movement. Open-ended telephone interviews with representatives of the human service system investigated the components of the systems network to demonstrate how human service agencies, health providers, insurers, and regulatory agencies interrelate and influence the delivery of EAP services in the workplace. Interviews with appropriate persons in a sample of eight companies were the major source of data collection. It was found that company data on EAP's and health promotion were poor in the areas of comparability, consistency, and availability; and EAP's varied significantly in the range of services offered. The existence and strength of linkages between industry and the human services network was found to be the most significant factor in the development and effective operation of company EAP's. The study recommends that the HPCGB become more involved with companies and the human services network in providing technical assistance for the development and improvement of EAP's and other occupational health promotion activities. Research instruments and supplementary information are appended, and a bibliography of 42 citations is provided.

56. Gartner, Alan.
National Self-Help Clearinghouse, New York.
Developing a Directory of Self-Help Groups.
1980, 12p
SHR-0006401 Available from National Self-Help Clearinghouse, Room 1206A, 33 West 42nd Street, New York, NY 10036.

Procedures for developing a directory of self-help groups are given, from determining content through product dissemination. In developing the directory, the issue of content range must first be determined. Self-help groups have been initiated to meet the needs of individuals, including addicts, veterans, the elderly, parents, tenants, women, unemployed people, youth, and people with a wide range of health problems. In addition to names of self-help groups themselves, information centers and hotlines in the community can be listed. Basic information should be flexible and inclusive, and should

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specify the group name, address, and telephone number; a contact person's name; and information on where and when the group meets. The listing may also include affiliations, participation requirements, and more detailed descriptions of purpose and activities. Information may be collected by contacting human service providers. Speed required in preparing and distributing the directory are the major concerns in deciding how it should be published. Copies should be provided to agencies and services from whom potential users seek assistance. Forms, sample directory entries, and a 14–item list of National Self–Help Clearinghouse publications are included.

57. Gartner, Alan; and Riessman, Frank.
Help: A Working Guide to Self-Help Groups.
1980, 184p
SHR-0006942 Available from New Viewpoints, Dept. EJ, 730 Fifth Ave., New York, NY 10019.

This manual provides detailed descriptions of almost 150 major self–help organizations in the United States. It also gives advice on how to form such groups and provides guidelines for professionals on how to help form, work with, and define their relationships to such groups. The groups cover such areas as adoption, alcohol, birth, burns, cancer, bereavement, divorce, parent education, handicaps, sexual behavior, women's issues, and many specific diseases. Included are such groups as the Association for Children with Learning Disabilities, Children in Hospitals, Alcoholics Anonymous, and Mastectomy Recovery Plus. Other organizations include Potsmokers Anonymous, Parents Without Partners, Smokenders, Take Off Pounds Sensibly, Total Parent Education, Women's Community Health Center, and Make Today Count. For each group, the purpose, address, telephone number, date of establishment, and number of chapters are listed. Information is also presented about the problem addressed by the group; the group's activities; and, where possible, members' statements on the problem and their experiences with the group. Most of the material is from the groups' own publications, newsletters, flyers, and brochures, supplemented by stories about the groups. The guidelines for organizing self–help groups cover the initial steps, the roles of the organizer, reasons people join self–help groups, group meetings, the strengths of shared leadership, and some suggestions for professionals in organizing such groups. A section on the role of the professional discusses creation of a group, making referrals, consulting to groups, strengthening support networks, developing indigenous helping networks, and conducting research. A list of national and local self–help clearinghouses; about 160 references; and alphabetical, subject area, and geographical indexes are provided.

58. Garwin, Harold.
American Bar Association Commission on the Mentally Disabled, Washington, DC.
Community Mental Health Law Project, Inc.: An Experiment in Community Advocacy for the Mentally Ill.
Sep 79, 42p
SHR-0007019 Available from ABA Commission on the Mentally Disabled, 1800 M Street NW, Washington, DC 20036.

This report describes the efforts of the New Jersey State Bar Association–sponsored Community Mental Health Law Project to reduce the problems and prejudices faced by individuals who have been discharged from psychiatric hospitals, who are about to be discharged, or who are in the community receiving mental health services. The project had an interdisciplinary staff of mental health professionals, social service professionals, and lawyers. The major objectives were to develop a model to make legal and advocacy services available and useful to this client population, and to identify the issues that should be addressed if community care was to succeed. The majority of cases were in family law, public benefits, and housing. Therefore, expertise in the public benefits system, such as welfare, social security, veterans' benefits, medicare, medicaid, and title XX social services were a necessity for the staff. The nonlegal advocacy staff handled over 60 percent of the matters of the project and were the major referral impetus. The services were used only slightly more by whites than by blacks, with a predominant usage by females. The stated goals and objectives for the project were achieved to a great extent during the first year and expanded upon and improved during the second. The success of individual representation was measured in terms of reinstitutionalization rate among clients far lower than the average. Law project staff helped clients find housing or placement in an appropriate mental health program. The project's lawyers were successful in forging new concepts concerning the State's law on expungement of commitment records so that this process was opened to many more people. Despite considerable accomplishments, the project faced funding problems, difficulty integrating with the community support system, and a lack of experienced staff. Finally, a nonprofit independent corporation with its own board of trustees was deemed to be more acceptable to funding sources, referral agencies, and clients than was a bar association office. Tabular data, funding sources, staff rosters, and three footnotes are appended. (Author abstract modified).

59. Goldberg, Daniel C.
Welfare Research Inc., Albany, NY. Developmental Disabilities Technical Resource Center.
Study of Early Intervention Programs in New Jersey.
Jun 80, 12p
SHR-0006489 Available from WRI, 112 State Street, Albany, NY 12207.

This study clarifies important aspects of early intervention programs in New Jersey, assesses parent satisfaction with these programs, and explores factors that might influence the level of parent satisfaction. Data were gathered from questionnaires mailed to eligible parents, survey instruments given to administrators, functional assessment forms presented to staff members, and group interviews with parents and staff. Phone interviews were also conducted with program administrators to collect information on monitoring and evaluation procedures used by programs. The sample of 433 parents was selected from the population that included all parents with children in early intervention programs in New Jersey. Findings revealed that the programs provided services to a broad range of families, were located in a variety of settings, and received funding from different sources. It was suggested that, based on prevalence rates and service capacity, a number of New Jersey children who needed early intervention services were not receiving them. Nearly all programs have an individual habilitation plan (IHP) for each child but differ greatly concerning the information that is included on the form. Overall, parents were highly satisfied with most program aspects; reported benefits not only for their families, but for the community; and shared views similar to the staff about the child's expected capabilities. The study also found that most centers considered parent participation in the child's treatment at the center to be of primary importance, that parents appeared to prefer a more active role in the child's treatment, and that transportation difficulties were a concern of many parents and staff. A total of 3 figures and 53 tables are included. Thirteen appendices list study–related materials; 41 references are given.

60. Goldberg, Irving D.; Regier, Darrel A.; and Burns, Barbara J.
National Inst. of Mental Health, Rockville, MD. Div. of Biometry and Epidemiology.
Use of Health and Mental Health Outpatient Services in Four Organized Health Care Settings.

60.

1980, 258p

SHR-0007041 Available from National Institute of Mental Health, 5600 Fishers Lane, Parklawn Bldg., Room 11A 19, Rockville, MD 20857.

This study represents the first major effort to examine the extent, nature, utilization, and costs of mental health care within four organized general health care settings. Four defined populations in three different organized health care delivery sites were studied: the Bunker Hill Health Center (BHHC), a community health center in Massachusetts; the Columbia Medical Plan (CMP), an HMO in Maryland; the two defined populations using The Greater Marshfield Community Health Plan (Wisconsin), one an HMO (MPP) and the other a fee–for–service population (MFFS). Comparisons are made between total patients in all departments and those patients with mental disorders. Generally, there are substantial differences between the populations and settings regarding financing mechanisms, facilities, socioeconomic status, geography, prepaid benefit package, and organization of services. For example, the highest proportion of patients with mental disorders is seen in BHHC (12.3 percent), followed by CMP (6.1 percent), MPP (4.7 percent) and MFFS (3.6 percent). Among patients seen and diagnosed in the mental health components of these settings, between 80 and 88 percent were given a diagnosis of mental disorder, compared to 4.8–13.6 percent of those diagnosed with mental disorders in other components. Data also show that individuals with diagnosed mental disorder make considerably more visits, as measured by medians and distributions, than those without such diagnoses. They have higher utilization rates in other departments at all settings, but the differentials are not as extreme when the mental health department visits are excluded. Nonetheless, in all settings and all populations, families whose members have diagnosed mental disorder remain at higher utilization levels. There is a generally higher frequency of patients with mental disorder than those without who receive medical diagnoses across the somatic disorder spectrum. In all populations, with the exception of the MFFS group (in which the order is reversed), transient situational disturbances, followed by the neuroses and personality disorders, are the most frequently diagnosed mental disorders in the mental health departments. For all settings, individual therapy is the predominant treatment mode, with group therapy next. Finally, in all four settings, extreme differentials in average patient cost were found between patients with diagnosed mental disorder and those without. However, difference in utilization of mental health departments and nonspecialty mental health departments appears to account for the large bulk of differences in cost per patient. Tabular data are provided for each report. (Author abstract modified).

61. Gollub, James O.; Henton, Douglas C.; Hentzell, Shirley; and Waldhorn, Steven A.

Stanford Research Inst., Menlo Park, CA.

Using Nonservice Approaches to Assist Low-Income People. A Guide.

Feb 81, 68p

SHR-0006507 Available from Publication Services, SRI International, 333 Ravenswood Ave., Menlo Park, CA 94025.

This guide demonstrates how changes in local government policies and private sector practices can benefit the poor and disadvantaged by making programs and practices more responsive to their needs and by helping people help themselves. The nonservice strategies described here resulted from a survey of 150 community action agencies and community organizations in 50 localities, and case examples are drawn from followup site visits to 20 of those communities. The strategies are based on the belief that local governments can use their governance powers, not merely their spending powers, to help the poor. While services will always be needed, more sensitive use of local tax, regulatory, and other governance tools can also do much to help—especially in an era of limited resources. The direct costs of nonservice measures are usually lower than those of traditional service approaches, and often these measures can be more beneficial. In addition, such measures do not require a bond issue, tax increase, or Federal grant to make them work. A section focusing on basic nonservice policy tools considers regulation and deregulation (such as establishing antidiscrimination ordinances or removing rules that prevent sharing homes), tax policy changes (such as ending sales tax on food), administrative reform (such as changing civil service testing procedures to allow disabled persons to participate), and collaboration with the private sector (such as helping new small businesses start up in low–income neighborhoods). Also discussed are the promotion of self–help services (such as food buying clubs) and public sector advocacy (such as lobbying for changes in State insurance laws). Other sections give attention to the uses of nonservice tools and to organizing for action, and appendices provide an outline of how a community organization works, a list of sources for further assistance, and summary tables of nonservice policy approaches. The material is intended for community action agency staff, neighborhood groups, and local government officials. Rediscovering Governance series.

62. Gollub, James O.; and Waldhorn, Steve A.
SRI International, Menlo Park, CA. Center for Urban and Regional Policy.
Using Nonservice Approaches to Strengthen Small Business in Urban Neighborhoods: A Regional Perspective.
Aug 79, 37p
SHR-0006494 Available from Publication Services, SRI International, 333 Ravenswood Avenue, Menlo Park, CA 94025.

This report examines specific local government strategies, encompassing both service and nonservice approaches, for strengthening urban neighborhood business in region 9 (western United States). Because small business plays different roles in declining, stabilizing, and rising neighborhoods, local government intervention differs in each type of neighborhood. In declining neighborhoods, there is more direct provision of services in the form of subsidized loans for capital improvements. In stabilizing and rising neighborhoods, there is a greater emphasis on nonservice strategies including zoning changes, sign controls, and assistance with marketing strategies designed to maintain, reach, or expand the markets of local businesses. In region 9, some of the nonservice approaches being used to aid small businesses include zoning revisions; flexible code enforcement; implementation and enforcement of design, parking, and hotel rate controls ordinances; and development of master plans for institutional control and university expansion. Other strategies are tax abatements for improvements in commercial areas; special procurement policies aimed at strengthening small business; provision of bid discounts and bonding assistance to small business; streamlining or expedition of license, permit, and zoning changes; decentralization of city offices; collaboration with banks to provide neighborhood credit; and city development or collaboration with development corporations. Five tables are included. A bibliography of 18 references is appended. SRI Project 1069. Rediscovering Governance series.

63. Gresser, Eve.
Prince George's County Hotline, Inc., Hyattsville, MD.
Trainers Manual for Prince George's County Hotline Initial Training.
1978, 155p
SHR-0006647 Available from Hotline, 5200 Baltimore Boulevard, Hyattsville, MD 20781.

63.

This manual is primarily designed to serve as a guide and resource for trainers who present the initial training for volunteer hotline counselors in Prince Georges County, Md. The first two modules offer an orientation to Hotline, Inc., as an agency and begin the process of group building and values clarification. Modules three through eight teach the counseling model from feedback and the helping relationship to reflective listening and crisis theory and interventions. Problem solving is presented as the culmination of this counseling model. Modules 9 through 12 provide information and skills needed in situation crises: drugs, victims, suicide, and sexuality. Module 13 covers two agency programs: Hidden Entrance and Hotline for the Deaf. Hidden Entrance is a crisis intervention outreach program that operates 24 hours a day, 7 days a week, and that is brought to the clients in their homes or offices. In addition, two aspects of the telephone service are described: Hotline's logistics and the issue of chronic callers. Module 14 provides a closure to the training package. The modules are divided into seven sessions. Each of these sessions is preceded by a schedule, and each module is introduced by a page which cites goals, behavioral objectives, trainer preparation, and materials needed. Additional resource materials are appended. (Author abstract modified).

64. Gutowski, Michael; and Kimmich, Madeleine.
Administration on Aging, Washington, DC.
Shades of Gray: A Portrait of the Elderly in Five Metropolitan Areas.
May 81, 158p
SHR-0007295 Available from the Social Services Research Division, The Urban Institute, 2100 M Street NW, Washington, DC 20037.

Data are provided on the demographic, economic, housing, and neighborhood characteristics of the elderly in five metropolitan areas: Boston, Mass.; Detroit, Mich.; Atlanta, Ga.; Portland, Maine; and Phoenix, Ariz. Major trends and policy issues related to the elderly are discussed, based on comparative analyses of the data for the five areas. The main data sources for the study were the Annual Housing Surveys from 1974 to 1976. The five cities chosen for the study reflect the diversity in American cities. Findings show that the suburban elderly population is growing faster than the central city's elderly population in both absolute and relative terms. By the end of the century, the same proportion of elderly residents will live in the central city as in the suburbs. Older people currently live in older houses and do not move as often as younger households. On the average, the suburban elderly have higher incomes and educational levels, better housing, and higher rates of home ownership than do the central city elderly; however, neither group of elderly is homogeneous. Efforts to channel scarce public and private resources to those most in need should be based on an understanding of the variability in relevant characteristics among the central city and suburban aged. Characteristics of social service delivery vary considerably across the five areas examined. For example, Phoenix and Atlanta have centralized Area Agencies on Aging, while the other three cities have multiple local agencies. Moreover, methods used to perform needs assessments and to allocate title III funds also vary. More central city than suburban dollars are spent for transportation, home repairs, adult day care, and health screening. Suburban spending focuses more on home health services, legal services, outreach, and counseling. Transportation is a particularly critical problem for the elderly. Among policy implications of these findings are that the needs of selected groups must be considered, renters warrant special attention, and transportation and home maintenance are two service areas that appear to need more attention in the suburbs. In addition, the graying of suburbia indicates the need to plan and use public facilities, such as schools, for people in all stages of the life cycle. Charts, tables, and appendices presenting maps and numerous data tables are provided. Research Paper.

65. Haapanen, Rudy; and Rudisill, David.
Law Enforcement Assistance Administration, Washington, DC.
Evaluation of Youth Service Bureaus: Final Report.
Feb 80, 286p Executive Summary available from PROJECT SHARE.
SHR-0007333 Available from California Youth Authority, Dept. of Youth Authority, Div. of Research, 4241 Williamsbourgh Dr., Sacramento, CA 95820.

Findings are reported from a 3-year evaluation designed to assess the effectiveness of nine California youth service bureaus (YSB's) in (1) preventing or reducing delinquent behavior among clients, (2) diverting youth from the juvenile justice system, and (3) developing opportunities for youth to function as responsible members of their communities. The research focused on clients of the participating YSB's during the 1977 to 1978 fiscal year. The main thrust of the evaluation was a pre / post study of changes in delinquency, in other forms of misbehavior, and in attitudes among clients who received direct services. These factors were examined through the same procedure using control groups from the juvenile justice system (primarily youth convicted of criminal offenses) and local schools. Delinquency was measured by police contacts and a self-report scale provided on a questionnaire. The questionnaire also included several scales designed to measure family relations, attitudes toward school, self-concept, and minor misbehavior. The evaluation also examined the extent to which YSB's diverted youth from the juvenile justice system. Community members were also interviewed about their opinions as to the value of YSB's. Findings indicate that YSB's are not effectively reducing delinquent behavior using the standard nonintensive direct services studied—primarily counseling, but also recreation. YSB clients, however, did not perform worse than youths handled in the juvenile justice system. Thus, YSB's do no measurable harm to the community, while providing an alternative to the juvenile justice system. YSB's did appear to be effective in diverting youth from further justice system processing. Individuals and agencies in the communities served by the YSB's felt that their services to youth were valuable and necessary, particularly in the area of short-term guidance, an area of need not being met by other youth-serving agencies. Evaluation instruments and program descriptions are appended; 20 references and tabular data are provided.

66. Harrell, Sharon A.; and Orem, Reginald C.
Kirschner Associates, Inc., Washington, DC.
Preventing Child Abuse and Neglect: A Guide for Staff in Residential Institutions.
Apr 80, 62p
SHR-0007035 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 017-092-00061-8.

Designed for staff and administrators of direct care institutions, social work professionals, and court and law enforcement personnel, this manual provides a framework for understanding and combating child abuse and neglect in institutions. Acts of undesirable behavior toward children in residential institutions range from criminal physical abuse and neglect, through varying degrees of emotional abuse, to questions essentially involving optimal versus suboptimal treatment and environment. The children that are institutionalized are often unresponsive or "acting-out." The staff often suffers from burnout, the institutional atmosphere is often overcrowded and lacking in a sense of family. If institutional staff are to identify and report child abuse and neglect, they must receive preservice and inservice training regarding physical and behavioral indicators of abuse and pertinent internal and external reporting procedures and responsibilities. It is necessary to consult State statutes to be certain just what

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is considered maltreatment and how and when to report it. Federal regulations specifically require that the State child abuse reporting law provides an investigation by an outside, disinterested agency. The following topics have a direct bearing on the problem of institutional child abuse and neglect and should be addressed in the policies of all institutions: corporal punishment, use of force, seclusion or isolation, allowable sanctions, resident safety, sexual relations with residents, resident property, and use of medication. Institutions must establish policies that ensure that children, their families, and staff are aware of residents' rights and that their rights are protected and enforced. Staff training, ombudspersons, institutional advocacy programs, child self–reporting, and community review are detailed. Sample residential standards, a policy on resident rights, the disciplinary code, illustrations, and 20 references are provided.

67. Harris, Robert; Seidman, Bert; Torrey, Barbara Boyle; and Storey, James R.
Urban Inst., Washington, DC.
Does Retirement Have a Future. Three Views.
1980, 25p
SHR-0007781 Available from the Urban Institute, 2100 M Street NW, Washington, DC 20037, order number URI31400.

This report presents several views on the future of retirement in the United States. One paper discusses the role of the social security system as the primary source of retirement income support for most workers. Some recommendations of the 1979 Advisory Council on Social Security are also discussed. For example, improved and liberalized social security benefits are needed as a means of dealing with the problems of inadequate retirement income of many workers and uneven and inadequate coverage for most workers in other pension systems. These improvements can be financed by the infusion of general revenues into the social security system, rather than by payroll taxes. Furthermore, only public systems, such as social security, can assure adequate protection against inflation through indexing and government financing. Another paper summarizes data on workers' perceptions, expectations, and fears about their retirement income and notes that their concerns are rooted in reality. The case for expansion, improvement, and reform of private pensions is presented, noting that a recent presidential commission argued against further liberalizations of the social security system because of concerns over the already high payroll tax. The final paper focuses on the implications of encouraging people to retire later than they had planned. Reversing the trend toward early retirement could increase revenues of retirement plans and reduce benefit payments; such a reversal is desired by many older workers. However, public and private policymakers will be faced with the need to control costs and deal both with those who are effectively disabled but who cannot qualify for total disability benefits and with the chronically unemployed. Nine references are provided. (Author abstract modified). Urban Institute Paper. Based on presentations made at the 107th Annual Forum of the National Conference on Social Welfare, Cleveland, Ohio, May 21, 1980.

68. Health and Welfare Council of Central Maryland, Inc., Baltimore.
Handbook for Agency Self-Assessment: Standards for Evaluating Administrative Practices of Human Service Organizations. Volume I.
1980, 79p
SHR-0006806 Available from Health and Welfare Council of Central Maryland, Inc., 22 Light Street, Baltimore, MD 21202.

This handbook was developed for organizations involved in human service activities. It is primarily designed to assist voluntary organizations assess their administrative practices, but parts of it are also applicable to governmental organizations. The work consists of generic standards of administration and indicators of adherence to the standards which are believed to have general applicability to the management of human service organizations. The standards are intended to assist agencies in reviewing their administrative practices and in planning needed corrective actions and improvements. The handbook can also be used as an instrument to facilitate program planning and evaluation, as a tool to complement financial audits, and as a reference list to identify problems and issues requiring attention. Standards were selected through a review of available literature on the administration of human service organizations and published materials developed by nationally recognized human service organizations. Specific standards described herein focus on governance, financial aspects, personnel management, recordkeeping and statistics, legal obligations and reporting requirements, organizational planning, and community involvement and consumer access to programs. To facilitate the process of self–assessment, each standard is accompanied by selected indicators of practice. The indicators of practice provide a brief description of some measures which can help the agency determine the degree of correspondence between existing practice and the standard. The indicators are presented below each standard in the form of a checklist. In general, the agency board should take responsibility for initiating and monitoring the assessment process. Extensive checklist forms and an appendix are provided in the handbook. (Author abstract modified).

69. Hoffman, Frederick; Miller, Dorothy; and Miller, Donald.
Office of Human Development Services, Washington, DC.
Group Homes: Idea and Actuality.
1980, 13p
SHR-0007669 Available from Frederick Hoffman, 9215 Wakefield Avenue, Panorama City, CA 91402.

The historical development and definitions of group homes for troubled and troublesome adolescents are reviewed and compared with the findings of a study of 33 group homes in the Los Angeles, Calif., area. It was found that group homes are the least restrictive alternative for juvenile delinquents and status offenders who would have been previously institutionalized. They are funded primarily from Federal funds which replace the traditional State / local funding for out–of–home care. This has greatly expanded the amount of funding available. However, there are no accountability systems built into the purchase–of–service contracts which permit evaluations of their efficiency. The findings show that placement workers feel group home operators have too much power and too little accountability; the same is true for the group home workers' view of the placement agency. The most pressing problem is that there are not enough group home facilities to complete the spectrum of treatment modalities and to permit true specialization of services. A total of 18 references are provided. (Author abstract modified).

70. Human Services Planning Council of Schenectady County, Inc., NY.
INFOLINE: Report on Services, June 1977-December 1979.
1980, 38p
SHR-0006361 Available from Human Services Planning Council of Schenectady County, Inc., 432 State Street, Room 220, Schenectady, NY 12305.

This report describes the activities of INFOLINE, a countywide telephone information and referral service operating in Schenectady, N.Y. The service links county residents to human services agencies and organizations capable of meeting their needs. INFOLINE uses both paid staff and volunteers and is funded primarily from local sources. The majority of service users during 3 years of operation have been adults aged 21 to 59. Most users were employed and married, and most were from two–parent families living in their own homes. A total of 72.8

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percent of the users were women; 27.2 percent were men. About 77 percent of the calls were initiated by the individual, friends accounted for about 14 percent of the calls, and agencies accounted for about 6 percent. The largest number of users had learned about the service through printed materials; the next largest group had learned of INFOLINE through a local human service agency. Community education and information was the most frequently requested information; self–help groups and protective services were the least frequently requested categories. Referrals were most often made to the local community action program, and nearly 67 percent of the people requesting assistance through the service received it. Failure of the user to make contact with the agency was the most frequently given reason why assistance was not obtained. The service's resource file and classification system are described, and case studies are provided. Tabular data are included with a financial statement and an information request form.

71. Illinois Dept. of Children and Family Services, Springfield.
We Care for Kids: A Handbook for Foster Parents.
Mar 77, 47p
SHR-0006455 Available from Ms. Donnella Bishop, Cook County Staff Development Coordinator, 510 N. Dearborn Street, Chicago, IL 60610.

A handbook for foster parents is provided by the Illinois Department of Children and Family Services. The discussion of legal rights and responsibilities covers rights and responsibilities of the guardian through the Juvenile Court Act, the rights and responsibilities through voluntary temporary custody, the rights and responsibilities of natural parents when the child is in placement under court order, and the rights and responsibilities of foster parents. With reference to the foster home, the issues addressed are licensing, training, the conventional home, specialized service homes, and the emergency foster home. The foster child is discussed under the topics of foster care placement, discipline, removals, and emergency service. The payments and expense items considered are clothing allowance, payment of personal allowance to foster child, school expenses, preschool readiness program, medical expenses, special service fees, music lessons and rental fees, camp fees and other nonrecurrent items, payments for specialized foster family care, internal revenue ruling on payment for foster care, and transportation. Medical care is examined in discussions of the medical eligibility card, preventive care, treatment, procedures requiring prior approval, foster parent responsibilities, worker responsibilities, and consent for surgery. Other aspects of foster care treated are confidentiality and family contacts, resources, education and religion, and complaints and grievances. The appendices contain discussions of the responsibilities and duties of the juvenile court, the guardianship administrator, field / casework staff as agents for the guardianship administrator, and the foster parent or institution as actual custodian of ward; and a description of the foster parent council.

72. Illinois Univ. at Urbana-Champaign. Community Research Forum.
Removing Children From Adult Jails: A Guide to Action.
May 80, 112p
SHR-0006855 Available from University of Illinois Press, PO Box 5081, Champaign, IL 61820.

This guide provides information and direction for State and local government agencies as well as citizen advocacy groups working toward removing children from adult jails and lockups. Most of the estimated 500,000 juveniles a year held in adult jails and lockups are confined for property or minor offenses; 18 percent are in jails for acts such as running away or for status offenses. A recent study of 755,000 juvenile runaways by the Department of Health, Education, and Welfare shows that many were not seeking adventure but were fleeing emotional, physical, and sexual abuse. A nine–State study by the Children's Defense Fund describes the dire consequences of placing children in adult jails. The rationale for such placement is examined, and the case for removal is presented in view of the requirements of the Juvenile Justice and Delinquency Prevention Act of 1974. The successful resolution of these problems must be based on three precepts: the decision to place a juvenile in a residential program must be determined by objective and specific criteria; a residential program must be viewed within the context of a network of alternative programs directed toward the use of the least restrictive setting for each youth; and residential programs must be developed from the perspective of the young persons to be served, not from that of criminal justice personnel. Home detention programs, attention homes, runaway programs, and private residential foster homes are described as alternatives to adult jails. The concept of the juvenile services center is advocated, as well as community involvement to prevent juveniles from being inappropriately confined. Tables, illustrations, and diagrams are provided. Appendices provide information about technical assistance, State planning agencies, and youth advocacy resources. Approximately 40 references are given.

73. Iowa Dept. of Social Services, Des Moines. Bureau of Review and Evaluations.
Foster Care in Iowa: A Closer Look.
Nov 80, 136p
SHR-0006552 Available from Iowa Dept. of Social Services, Division of Operations Control, Bureau of Review and Evaluations, Hoover Bldg., Des Moines, IA 50319.

This study examines the foster care program operating in Iowa in order to develop recommendations which would improve service to children and their families. The study data included a professional literature, a sample of foster care case records, interviews with randomly selected persons involved in either the delivery or receipt of foster care services, and input from a committee of experts in child welfare and human service management. The primary study population consisted of all children in the Department of Social Service's supervised or financed out–of–home placements in the month of November 1979. It included children in placement in foster family homes, group homes, residential treatment facilities, emergency shelters, independent living arrangements, trial home placements, and the three State juvenile institutions. Study findings and recommendations are classified according to these categories: alternatives to out–of–home placements; recruitment, licensing, and ongoing support of foster family homes; case planning and management; the roles of private agencies and of the courts; monitoring and accountability of the foster care program; and costs and funding of foster care. Footnotes and 34 tables are provided. A list of those on the foster care study review and advisory committee, a list of foster care resources, and the data collection schedules are appended.

74. Itzkow, Martin.
Volunteer Centre of Winnipeg, Manitoba.
Training the Volunteer Visitor: A Manual of Techniques and Experiences in Training Volunteers Visiting Isolated Retired Persons.
1980, 187p
SHR-0006092 Available from Volunteer Centre of Winnipeg, 311-267 Edmonton St., Winnipeg (Manitoba) Canada R3C 1S1.

This manual offers a consistent, coherent, and organized package for training volunteers visiting physically or socially isolated senior citizens. It is intended for use by volunteers of the Friendly Visiting Service (City of Winnipeg, Canada) as well as by similar agencies. The introductory chapter presents the forms used in

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preparation for and during the training sessions, such as the invitation letters to volunteers, the volunteers' return notification form, and participant reaction forms to gather responses to the program. The second chapter covers the orientation session which instructs volunteers about the background of the friendly visiting service and makes them aware of the need for service. A communication skills workshop teaches the elements of basic communication; the practice of good listening, attending, and responding skills; and an introduction into the nature of relationships. The sensory loss workshop teaches the basics of human physiology, informs on the physical changes involved in growing older, and sharpens awareness of how sensory loss affects human behavior. The workshop entitled "The Helping Relationship" teaches the elements of the volunteers' relationship to the client, sharpens awareness of the volunteers' attitudes and values with regard to helping others, summarizes past workshop concepts, and moves the volunteers into their helping activity. The final section of the manual presents numerous exercises complementing the communications skills and the sensory loss workshop. These exercises include interpreting expressions, role playing, and sensory awareness exercises. The manual includes copious instructional materials and suggestions for classroom activities. A 26–item bibliography is appended.

75. Janchill, Mary Paul.
Human Services Workshops, New York.
Guidelines for Decision-Making in Child Welfare: Case Assessment, Service Planning and Appropriateness in Service Selection.
1981, 93p
SHR-0007631 Available from the Human Services Workshops, 12 West 12th Street, New York, NY 10011.

Principles and methods in case assessment and service planning and criteria for the appropriate selection of children's services are examined in this discussion of guidelines to decisionmaking in child welfare. A methodology for service plans consistent with principles of case assessment consists of the following guidelines: (1) the service plan should be directly related to a case assessment which is done by needs assessment and option surveys, (2) the service plan must reflect a selection of supports and helps based on a holistic view of all factors affecting child development, (3) selected action steps should be specified that point toward the goal of intervention, (4) the service plan should be consistent with the principle of least restrictive alternative, (5) the service plan should contain estimated time frames for action steps and their implementation, and (6) provision should be made for periodic reviews to reassess and revise the service plan. Case studies are provided to illustrate application of the methodology. The discussion of criteria for the appropriate selection of services considers the use of preventive community support services, supportive services for adolescents, services to families and children through foster care placement, variables affecting the choice of residential care, and adoption. Selection of services for children is discussed in the areas affecting mental health, mental retardation and developmental disabilities, autistic children, cerebral palsy, epilepsy, and other neurological impairments. Services provided by New York State Division of Youth and the New York State Education Department are also described. Twenty–nine references are supplied.

76. Jardins, Charlotte Des.
Coordinating Council for Handicapped Children, Chicago, IL.
How to Organize an Effective Parent/Advocacy Group and Move Bureaucracies.
1980, 139p
SHR-0007332 Available from Coordinating Council for Handicapped Children, 407 S. Dearborn Street, Room 680, Chicago, IL 60605.

This book is intended to help parents of handicapped children to establish parent / advocacy groups. Such groups can give members the power to obtain those services which handicapped children are entitled to, to get legislation passed to provide needed services not yet mandated by law, and to become an effective advocate on behalf of handicapped children. Advocacy involves helping parents to help themselves. It does not involve taking over the parents' life or problems and making decisions for them. Information presented in the work covers organizing an effective parent / advocacy group, choosing effective leaders, and reaching out to other parents. Other topics include moving bureaucracies, the necessity of legal counsel, lobbying, the power of speech, and how to open an appropriate program in the public schools and obtain funding. The guide concludes by discussing the roles of students, professionals, disabled adults, and volunteers. The book emphasizes that parent groups are effective in ensuring that the handicapped child receives appropriate medical treatment and educational training. Parents have the potential to become the best advocates because they are sufficiently motivated to move bureaucracies. Appendices are provided in the book. Second edition.

77. Jensen, Val; and Koeck, Cynthia.
Minnesota State Planning Agency, St. Paul. Human Resources Planning.
Energy Policy and the Elderly. Minnesota's Elderly in the 1990's.
Mar 81, 74p
SHR-0007170 Available NTIS PC $09.00/MF $4.00

This report, which is part of a larger study of Minnesota's elderly population and long–range planning vis–a–vis the elderly, examines the potential impact upon the elderly of a market–based energy policy. There are indications of a growing acceptance of a market–based energy policy, which will rely primarily upon market forces to determine the supply, price, and allocation of energy resources. The costs of relying upon such a policy will be borne disproportionately by low–income persons. In 1975, the income of households headed by elderly persons was found to be 39 percent less than that of nonelderly households. This, in turn, affects the quality of housing in which the elderly live. Further, the elderly suffer from health problems to a greater extent than the nonelderly, thus creating a significant additional expense. An individual's ability to afford heat is directly related to income and the characteristics of his / her housing. The elderly are also limited in their ability to conserve heat, because their susceptibility to illness and hypothermia (abnormally low body temperatures) requires that adequate levels of heat be maintained for health purposes. It appears inevitable that a market–based energy policy will produce energy prices which will exceed increases in incomes for the elderly. Also, as fuel prices increase and households substitute gas, electricity, or propane for oil, there will be less incentive for fuel oil suppliers to stay in Minnesota. This will hurt rural areas in particular, since they are heated primarily by fuel oil. The overall impact of declining supplies of energy to the State, combined with increased energy prices, could significantly slow the State's economic growth, which would in turn reduce the State's capacity to assist low–income households with energy–related problems. There is a strong indication that there will be few alternatives for mitigating the effects of rising energy prices on the elderly poor except through existing income security policy. Program summaries and a bibliography are appended, and tabular data are included. (Author abstract modified).

78. JWK International Corp., Annandale, VA.
Evaluation of RSA Programs for Blind and Visually Handicapped Persons: National Report.
Jan 81, 238p
SHR-0006853 Available from Rehabilitation Information Center, 4407 Eighth Street NE, Catholic University, Washington, DC 20017.

78.

This report explores the effects of organizational and administrative structures of vocational rehabilitation (VR) agencies on the delivery of services to blind and visually handicapped clients. The information was gathered during orientation visits to four State vocational rehabilitation agencies, visits to two Rehabilitation Services Administration (RSA) regional offices, and consultation with leaders in the field of services to the blind and visually handicapped. Results showed that blind VR clients are better served in specialized caseloads and that the cost of services tends to increase with the length of time a client spends in the VR process. It was also found that visually handicapped clients are typically placed in competitive employment or homemaking and that visually handicapped clients are as satisfied with VR services as are other handicapped clients. Findings also revealed a lack of communication between the three components of the VR system (State agencies, regional offices, and the Bureau of the Blind and Visually Handicapped) and confusion concerning the essential functions of these components. It was recommended that blind and visually handicapped VR clients be served in specialized caseloads of only blind and visually handicapped clients, and the roles of the regional offices and the Bureau of the Blind and Visually Handicapped be clearly defined. It was also recommended that communication among the three components of the VR system be improved, that inservice training be made available to rehabilitation counselors and regional office staff, and that the study be disseminated by the National Rehabilitation Information Center. Tables and appendices presenting detailed information on study design, data analysis methodology, and statistical results are provided.

79. Klefter, Francis.
National Gray Panthers, Philadelphia, PA.
Gray Panther Manual, Vol. II: Programs for Action.
Mar 80, 182p
SHR-0007356 Available from National Gray Panthers, 3635 Chestnut Street, Philadelphia, PA 19104.

Advocacy techniques and programs for action in the areas of health care and economic issues related to the elderly are presented in this manual developed as a result of a 1979 Gray Panther training conference held in Chevy Chase, Md. The manual is addressed to local groups of advocates for the elderly. It focuses on such tools as community organizing, leadership skills, and grassroots fundraising. Other topics addressed include methods of working with a bureaucracy, the effective use of the media, and methods of working for legislation. Inflation and related economic issues and their effects on the elderly are also discussed. An introduction challenges the widely held views that high unemployment is necessary to curb inflation, that the military budget must be the top priority while human services are cut to reduce inflation, and that Federal spending rather than excessive private profits is responsible for inflation. Individual papers discuss alternatives to such measures as Proposition 13, action strategies such as the formation of food cooperatives to combat rising food prices, and such housing efforts as shared housing and organizing to preserve rental housing. Papers on income maintenance for the elderly discuss social security, pensions, and social security supplementation. Eight papers on energy discuss action programs related to synfuels, solar energy, emergency energy programs, community-based energy audit programs, and nuclear power. Local strategies for supporting public transportation are also reviewed. A discussion of action programs related to health care for the elderly focuses on national health proposals, medicare, a continuum of care for the elderly ill and the disabled, and nursing home reforms. Other papers discuss organizing for better health for older women and the poor, medicaid, provisions of the Hill–Burton Act, health planning, and holistic health. Reference lists are provided for many of the papers. See also related document, Volume 1, SHR-0007355. Revised edition.

80. Kliment, Stephan A.
American Inst. of Architects, New York.
Into the Mainstream: A Syllabus for a Barrier-Free Environment.
Jun 75, 44p
SHR-0006940 Available from American Institute of Architects, 1735 New York Avenue NW, Washington, DC 20006.

This syllabus on barrier–free environments is written for health professionals, architects, builders, facilities managers or administrators, private citizens, and community workers. It gives an historical overview of events in the United States in the past generation which helped make buildings and spaces accessible to handicapped persons. A review of the most recent laws, codes, and standards that prescribe accessibility is provided. The document describes the basic barrier conditions, both physical and procedural, which the handicapped face and which must be resolved. These include narrow parking spaces, walkways, entrances, stairs, and elevators. In addition to service barriers (such as those in restrooms and by water fountains and coin–operated telephones), the syllabus describes barriers unique to certain building types, the special problems of transportation terminals, product design costs and issues, and renovations to existing buildings. One chapter contains solutions to the removal of barriers including drawings that illustrate some of the most common conditions. Techniques for organizing barrier–free action groups in the community are given as well as methods and local laws and regulations. The final chapter offers supplementary sources of information. Published sources are arranged under nine headings: general design guides; legal and legislative codes; ordinances and regulations; compliance and advocacy; product design; travel and transportation; periodicals and information services; and films. Also included is a sample questionnaire for use in evaluating accessibility of buildings in the community. The second part of the chapter is a listing of important public and private (voluntary) agencies whose staffs can focus on particular areas. A sample building survey and an accessibility compliance checklist are appended. (Author abstract modified).

81. Lacayo, Carmela G.; and Crawford, Jean K.
National Association for Hispanic Elderly. Los Angeles, CA.
National Study to Assess the Service Needs of the Hispanic Elderly. Final Report.
Dec 80, 472p
SHR-0007044 Available from Asociacion Nacional Pro Personas Mayores, 1730 W. Olympic Blvd., Suite 401, Los Angeles, CA 90015.

A multistage probability sampling method was used to collect data on the Hispanic elderly in the United States and to assess their needs. The study was based on the belief that Hispanics are one of the country's most disadvantaged minority groups in terms of access to social services and the degree to which cultural differences, especially language, inhibit their full use of services provided by Anglos. As the first national needs assessment survey of elderly Hispanics this study provides a descriptive analysis of the four main groups comprising older Hispanics: Cubans, Mexican Americans, Puerto Ricans, and other Hispanics. The nationwide sample, taken from 15 States, consisted of 1,803 individuals aged 55 or older. The sample included 1,162 Mexican Americans, 209 Cubans, 234 Puerto Ricans, and 198 other Hispanics. Older Hispanics who met the research criteria were interviewed by trained bilingual interviewers—in many cases older Hispanics themselves. In hour–long interviews, respondents answered questions relating to demographic characteristics, personal attributes, and use of and need for social services. Data analysis revealed that Hispanics exhibit characteristics of both homogeneity and heterogeneity. While linguistic and cultural similarities are shared, the subgroups tend to vary in terms of family structures, residential patterns, and degrees of accul-

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turation. It was found that approximately 40 percent of older Hispanics use no social services, while 76 percent report unmet needs for services. Only 55 percent of older Hispanics aged 65 or older received Social Security benefits. Another main finding is that while informal network supports are available for many older Hispanics, financial support from this source is minimal in that only 4.2 percent receive financial assistance from family members. Arthritis is the most prevalent ailment among older Hispanics, followed by blood pressure, heart, and circulation problems. Among Mexican Americans, diabetes is the third ranking disease. The preferred language of the interview for 86 percent of the respondents was Spanish, indicating to policymakers that this population would similarly prefer to be served by institutional representatives who speak their language. Extensive tabular and graphic material is included with the text. The appendix contains the needs assessment questionnaire in both English and Spanish. A bibliography containing 132 entries is provided.

82. LeClair, Daniel P.
Massachusetts Dept. of Correction, Boston.
Community Reintegration of Prison Releases: Results of the Massachusetts Experience.
Mar 81, 18p
SHR-0006695 Available from Massachusetts Department of Correction, Research Unit, 21st floor, 100 Cambridge Street, Boston, MA 02202.

This report summarizes the results of recidivism studies by the Research Unit of the Massachusetts Department of Correction since the introduction of reintegration programs in the State prison systems. These studies have shown that the introduction of such programs is directly related to a decline in rates of recidivism (defined here as the return to prison within 1 year). In the year 1971, 1 year prior to the introduction of the reintegration model, the recidivism rate for the combined population of State prison releases was 25 percent. In the successive 7 years, with the introduction and expansion of the reintegration model, the recidivism rate dropped to its current level of 16 percent. Research results provide clear evidence that participation in graduated reintegration programs such as prerelease centers and the home furlough program reduces the probability of recidivism. It was shown that programs generally geared to maintain, establish, or reestablish general societal links in terms of economic, political, and social roles have led to a reduction in recidivism. Additionally, these results show that when an individual has been gradually reintroduced to society, the chances of recidivism lessen. Thus, the research demonstrates the effectiveness of the recent establishment of the community-based correctional apparatus in Massachusetts. Six tables present research data and findings and 13 references are provided. (Author abstract modified). Paper originally presented to the Massachusetts Association for the Professional Treatment of Offenders, Chestnut Hill, January 7, 1981.

83. Levy, Joanne H.; and Kominski, Gerald F.
National Health Care Management Center, Philadelphia, PA.
Management of Multi-Institutional Systems. May 12-13, 1980.
May 80, 77p
SHR-0007670 Available from National Health Care Management Center at the Leonard Davis Institute of Health Economics, University of Pennsylvania, 3641 Locust Walk/CE, Philadelphia, PA 19104.

A conference synopsis, edited transcripts of the panel presentations, and summaries of the working group sessions are presented from a 1980 conference that explored health care management research issues related to multiinstitutional systems. The plenary panel session on "status and trends" provided an overview of multiinstitutional systems from the perspectives of the provider, the regulator, and the researcher. The plenary session on "major thematic areas for research" outlined the issues upon which the conference would focus: macro industry structure, national policy formation, and institutional management. The working group on macro industry structure considered cost effectiveness and economics, the role and influence of competition, second-order effects, and factors affecting vertically integrated systems. The working group on national policy formation examined the impact of socioeconomic, demographic, and regulatory variables on hospitals; and planning activities and implications for multiinstitutional systems. The institutional management working group discussed quality differences among health institutions, multiinstitutional structures and decisionmaking processes, the governance of multiinstitutional systems, and the effect of system formation on manpower. The overall purposes of each working group session were to enumerate researchable problems related to multiinstitutional systems; discuss related methodological obstacles and issues; outline research designs; specify data needs, sources, and constraints; and identify limitations and the potential impact of proposed research. A list of conference participants is appended. National Research Conference Summary Paper, 1980 NHCMC conference held May 12-13, 1980.

84. Macdonald, Janet; Guren, Beth Ann; and Gaulin, Lynn.
Boston Coll., Chestnut Hill, MA. Graduate School of Social Work.
Employee Assistance Programs: A Challenge in the 80's.
Dec 80, 83p
SHR-0006470 Available NTIS PC $10.50/MF $4.00

This document provides a strategic plan for the development of employee assistance programs (EAP's) based on a literature search: a review of labor force and social services trends; industrial, service provider, and national United Way surveys; and interviews with the EAP representatives, public and private agency staff, labor representatives, and key personnel within the Boston United Community Planning Corporation and the United Way (both in Boston and nationally). An EAP is an occupational social service programming strategy for workers with alcohol, drug-related, family, or personal problems. Treatment methods include diagnosis and referral, counseling, education or training, and consultation. Part one of this document defines and discusses EAP's and considers the problems involved in developing a strategic plan for them. Part two applies the EAP concept to the workplace through a discussion of the nature and extent of employee problems, labor and management views on workplace problems, and the degree of assistance program effectiveness. The third part discusses barriers to service delivery; reviews various EAP models; and highlights the broad-brush model, a delivery system providing a range of services to all employees. Part four reviews environmental factors affecting program development including EAP company characteristics, the potential for EAP development in different types of companies, and the characteristics of agencies providing EAP services. Issues and planning assumptions involved in developing an EAP are summarized, and specific strategies appropriate to developing EAP's in the metropolitan Boston area are described. Included in this final part are a series of recommendations, a summarization of development options, a list of EAP program activities and the Boston social service units responsible for them, and a brief discussion of monitoring and evaluation strategies. Footnotes, charts, graphs, and a map are provided. Appendices include a strategic planning model flow chart, a list of program functions, a description of the Boston labor force, survey materials, and a bibliography composed of about 40 items.

85. Maine Dept. of Human Services, Augusta.
Title XX Administrative Review. State of Maine Department of Human Services.
Aug 79, 186p
SHR-0007388 Available from Department of Health and Human Services, Office of Human Development Services, Office of Program Coordination and Review, Region 1, John F. Kennedy Federal Bldg., Government Center, Boston, MA 02203.

Findings and recommendations are presented from a review of the Maine Department of Human Services (MDHS), with attention to the human service operations related to title XX, IV-B, and the Work Incentive Program (WIN) expenditures. The review was intended to examine how MDHS currently operates, with recommendations offered to improve operations. The review was based on data from documents relating to title XX activity in Maine and analysis of this material by Federal staff, interviews with Central Office and Field Office staff to determine agency operations in relation to title XX, interviews with top administrators of the agency and with public agencies interacting with title XX. To better fulfill its mandates, in the past 2 years MDHS has begun to reorganize. This is movement from a formerly inadequate organizational and functional status. The bureau has developed policies and procedures for the operation of most aspects of its various programs. Weaknesses remain in resource allocations, policies and procedures, planning and evaluation, regional offices, licensing, information systems, training, personnel administration, and still others. Appended are the Commissioner's letter requesting the review, a discussion of issues for the 80's in the face of declining human services funding, the formulation and implementation of the budget document, Maine WIN program indicators, a description of WIN, the joint working agreement between the Bureau of Human Services and the Bureau of Maine's Elderly, and comments by the Bureau of Maine's Elderly on the 1980 Comprehensive Annual Services Program Plan.

86. Maine Dept. of Mental Health and Corrections, Augusta.
Maine Juvenile Code Evaluation and Prevention, Rehabilitation, and Administration Plan.
Jan 80, 108p
SHR-0006212 Available from Maine Department of Mental Health and Corrections, Attn: Dorothy Scott, Station no. 40, 411 State Office Building, Augusta, ME 04333.

This analysis of the first year of a new Maine Juvenile Code (which became effective July 1, 1978), reports its effects upon the Juvenile Justice System and the efforts of the Department of Mental Health and Corrections toward prevention of juvenile crime and rehabilitation of juvenile offenders. The new juvenile code is based on the principle that the family, the most appropriate social unit for guiding juvenile behavior, exists within a larger social organization whose well–being must also be considered. Thus, the code intends to decrease the number of juveniles processed through the courts by the decriminalization of some acts (e.g., running away from home), and the creation of alternatives to detention. To this end, the Intake Worker and the intake process were established to deal with all juveniles with whom the police come in contact. Through the screening / investigative process, intake workers decide which cases could be appropriately handled without involving the court system. The core of the diversionary options available to the intake worker rests with restitution, attending school or being employed, and counseling. The successful completion rate of this program is 98 percent. However, as a result of the new code, and increasingly efficient law enforcement, there has been an increase in the number of arrests. Moreover, secure detentions of juvenile offenders have substantially increased since the code. A historical summary of the code and an overview of Maine crime are provided. The Bureau of Corrections and Department of Health and Corrections prevention plan for 1980 are described. The probation program, activities of the Maine Youth Center, and characteristics of youth detained there are also described. Tabular and graphic data and an executive summary are provided.

87. Mallik, Kalisankar; and Shaver, Elaine M.
George Washington Univ., Washington, DC. Job Development Lab.
Jobs and Self-Sufficiency: Goals of the Project, "Technical Support Services to the Developmentally Disabled, Region III."
1980, 104p
SHR-0006175 Available from Job Development Laboratory, Rehabilitation Research and Training Center (RT-9), George Washington Univ., 1300 Eye Street NW, Suite 714, Washington, DC 20037.

This eight-part report describes the work of the Job-Development Laboratory (JDL) project in responding to problems of disabled individuals. The problems were identified by the Region III Developmental Disabilities Office as being difficulties faced by mentally retarded, cerebral palsied, or epileptic clients in their service area. Each section of this report consists of a problem statement, a description of Region III services in the problem area, and discussions of activities and techniques useful in assisting clients with the problem. Problem areas detailed include vocational difficulties (such as obtaining competitive employment and sheltered employment), and medical and communications problems. JDL solutions to independent functioning problems include head protection, hand protection from self-abusive behavior, and the Carlo principle therapeutic toy, as well as solutions to drooling, poor seating, positioning, and stabilizing problems. Daily living activity topics include self-care in dress, grooming, hygiene, toileting, and difficulties with feeding and oral motor control. Dissemination and training activities are considered, and Region III information products are described. Training activities in Region III are then detailed. Many photographs of instructional materials are provided, and a matrix of client characteristics is included. Appendices present case histories and details for constructing and using therapeutic materials and protective gear.

88. Massachusetts Medicaid Advisory Board, Boston.
Recommendations for Cost Savings in the Massachusetts Medicaid Program.
1981, 37p
SHR-0007584 Available from National Clearinghouse for Legal Services, 500 N. Michigan Ave., Suite 1940, Chicago, IL 60611.

Thirty-six recommendations are presented for improving management of the Massachusetts medicaid program and for equalizing reimbursement policies in order to reduce medicaid expenditures while not hurting the old, the poor, and the sick who are most in need of health care services. The recommendations were developed by the Massachusetts Medicaid Advisory Board, an independent body established under Federal statutory authority and composed of recipients, health care providers, and taxpayers. The recommendations arose from concern over the content and timing of various options being considered by the Department of Public Welfare in order to cut about $250 million from the medicaid budget. The recommendations are designed to show that substantial savings can be realized without major cuts in the existing program. They focus on five areas: improved management, method of blocking unnecessary service utilization, service delivery, health planning, and reimbursement. Recommended management procedures include field audits of cost reports for nursing homes, uniform accounting principles, and stricter enforcement of medicaid policies forbidding double billing by

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hospitals and hospital–based physicians. Ways recommended to block unnecessary utilization include improved long–term care case management, monitoring of prescription drugs, and obtaining second opinions. It is also recommended that the use of such service delivery models as health maintenance organizations, noninstitutional long–term care, and foster care programs for the elderly and mentally retarded be increased. A more cautious policy regarding construction of new nursing home and hospital beds as well as other major capital expenditures is also recommended. Further recommendations include elimination of reimbursement for obsolete or worthless surgery or tests and for more than 1 day of hospitalization prior to surgery unless medically necessary. Additional recommendations and supporting arguments and data are provided.

89. Mathews, R. Mark; and Fawcett, Stephen B.
Matching Clients and Services: Information and Referral.
1981, 160p
SHR-0007198 Available from Sage Publications, PO Box 5024, Beverly Hills, CA 90210.

Steps for developing a comprehensive community information and referral system are discussed. The social service directory described is designed to be inexpensive and useful for both professional and nonprofessional staff of a variety of service organizations as they seek to match their clients' needs with the services offered by the many organizations and agencies in the community. Widespread adoption of this information and referral system in a community can foster interagency coordination and thus improve service delivery to clients. The text describes the tasks involved in developing an information and referral directory and discusses promoting interagency feedback and training community service workers in the skills involved in providing a referral. The text then details a recommended method by which servicegivers can provide referrals to other social service agencies. Particular topics discussed are using the social service directory, arranging an appointment for a client, completing an interagency referral form, and handling special problems in providing a referral. A checklist for the entire process of providing information and referral services is included. The appendix provides a quality check and behavioral checklist for each training lesson on how to provide information and referral services. The checklists provide the instructor with a means for observing the student's performance and evaluating whether the student has learned the skill. Seven references and sample forms are provided. (Author abstract modified). Sage Human Services Guides, Volume 21. Published in cooperation with the Continuing Education Program in the Human Services of the University of Michigan School of Social Work.

90. McGill, Nancy A.
Institute for Health Planning, Madison, WI.
Effective Research: Handbook for Health Planners.
Jun 81, 33p
SHR-0007862 Available from James R. Kimmey, Executive Director, Institute for Health Planning, 702 North Blackhawk Avenue, Madison, WI 53705.

This handbook is intended as a guide to assist health planners and those doing research for health planners in locating information in the literature of the field. In discussing the formulation of the search strategy, the topics considered are research purpose, which determines the type of information needed and how much time is warranted for the research; the research scope (whether it is to be selective or comprehensive); keywords (significant word from a title or document that is used as an index to content); availability of material (the extent to which desired information has been documented and distributed); likely location of answer (where relevant information is most likely to appear); and computerized versus manual retrieval. Information is provided on resources that can be used to retrieve needed information and bibliographic references to publications containing needed information. The reference resources considered cover journal literature, government documents and government-sponsored reports, monographs / books, statistics, clearinghouses, and other organizations. Final sections offer suggestions on acquiring materials and preparing reference lists and bibliographies.

91. Michigan State Dept. of Social Services, Lansing. Adult Protective Services Div.
Michigan Adult Protective Services: State Plan.
1980, 125p Executive Summary available from PROJECT SHARE.
SHR-0004761 Available NTIS PC $12.00/MF $4.00

The plan developed for adult protective services by the Michigan Department of Social Services in cooperation with the Department of Mental Health is outlined. The plan has been formulated after a 2-year period of needs assessment. The goal of the plan is provision of a number of remedial social, legal, and health services to adults over 18 years old confronted with harm from exploitation, abuse, or neglect. Research analysis suggests continuing growth in the need for such protective services in all age groups from 18 to over 61. Common problems are financial mismanagement and exploitation, legal problems, isolation, and health and housing problems of the elderly. Abuse of the elderly is less common. A number of modifications of enabling and related laws are recommended, including operational definitions of various types of harm, description of interagency areas for coordination, and parameters for protective custody and guardianship. Coordination of efforts of the Department of Social Services with the Departments of Mental Health and Public Health, as well as with the Office of Services to the Aging and the Department of Education is encouraged to prevent overlapping of services. Segmentation of services delivery within the Department of Education is encouraged to prevent overlapping of services. Segmentation of services delivery within the Department of Social Services can be avoided by provision of protective services within each of the major adult service program areas. The proposed program is designed to furnish preventive services such as adult day care and emergency adult home help; intervention in the areas of social and physical protection, aid in financial management, and guardianship. The need for immediate response to crises is emphasized. Protective services for stabilization include counseling, training, family planning, homemaking services, housing assistance, volunteer services, and legal assistance. Implementation of the services requires development of eligibility criteria, planning for day care center locations, and establishment of provider standards, as well as funding for many programs. Programs must be adjusted in keeping with changing needs and laws. According to current estimates, the total program budget should rise from about 1.2 to 3.1 million dollars from 1979 through 1980 to 1981 through 1982. A specific timetable for program implementation and extensive tables are supplied.

92. Monroe County Dept. of Social Services, Rochester, NY.
Three Year Plan for Day Care Services.
Mar 81, 138p
SHR-0007317 Available from Day Care: Central Intake, 30 North Clinton Avenue, Rochester, NY 14604.

This report presents a 3-year plan for day care services in Monroe County, N.Y., that was developed by a committee composed of businessmen, service providers, consumers, and representatives from local governments, the county Department of Social Services (DSS), and the United Way. Data sources included statistical information from the Center for Governmental

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Research and the DSS, community meetings, and surveys of consumers, providers, potential funders, and social service workers. Family day care and group day care services available in Monroe County are first described, followed by summaries of funding sources and the administrative organization of the day care system. The DSS administers the family day care service but contracts group day care to the United Way. A review of the data analyzed for the study covers business involvement in providing day care for employees, national and local population trends, and the results of a survey of Xerox Corporation employees. The report concludes with recommendations for the DSS and the United Way and comments that special attention should be given to developing affordable day care for those who are not eligible for subsidies and to controlling costs at the administrative and service levels. Other suggestions include consolidating all day care services under a single administrative unit, developing a satellite system model that offers several child care options, cooperating with school and recreation departments to increase after school day care services, and establishing infant care services in or near high schools for teenage parents. The appendices contain statistical tables, summaries of community meetings, the Xerox employee survey instrument and results, informational materials presented to the study committee, and reports on recipients of subsidized day care.

93. Morgan, Bruce B.; McKim, Robert L.; Thornton, Linda W.; Erickson, Patricia E.; and Cross, Marilyn.
Midwest Research Inst., Kansas City, MO.
Social Services Integration in Missouri. Volume I: Evaluation of Pike County Integrated Services Program.
9 Jun 78, 45p Executive Summary available from PROJECT SHARE.
SHR-[illegible]003078 Available NTIS PC $07.50/MF $4.00

This first volume of a two-volume report on the Pike County Integrated Services (PCIS) program in Missouri presents findings and implications from an evaluation of the program conducted between February 1978 and June 1978. PCIS was initiated in January 1977, under a subgrant to the Northeast Community Action Coalition. It was established to test the development and implementation of a case manager model of services integration and provide research useful to formulating State policies related to services integration. The case manager model was based on a single functional point of client entry, comprehensive case management, and a well-documented client pathway. The evaluation documents the results of the program, interagency cooperation and impacts of services, and transferability of the program to other counties in the State. Findings were based on interviews with agency administrators in Pike County and project staff, review of program data, and interviews with Missouri Department of Social Services agency administrations in selected counties across the State. The PCIS program was intended to (1) document problems, gaps, overlaps, and duplications in social services delivery in the county and (2) implement the case manager model in the county and test and evaluate its viability in improving the integration and coordination of social services delivery to clients. The model was found to have successfully met its original objectives, but it did not produce any noticeable changes in the way county agencies delivered services to clients. Services delivery to clients was integrated only to the extent that persons who had not previously received services were more appropriately referred to the proper agency. From the client perspective, the program was constructive. See also related document, SHR-0003079.

94. Morgan, Bruce B.; and Erickson, Patricia E.
Midwest Research Inst., Kansas City, MO.
Social Services Integration in Missouri. Volume II: Departmental Policies to Achieve Social Services Integration.

5 Jul 78, 28p Executive Summary available from PROJECT SHARE.
SHR-0003079 Available NTIS PC $07.50/MF $4.00

This second volume of a two–volume report on the Pike County Integrated Services program (Missouri) presents State–level policy implications of an evaluation of the program. The policy implications are based on information from interviews with local social service agency administrators and results of policy research. Service integration impediments and opportunities are discussed from the perspectives of the division directors of the Missouri Department of Social Services, and alternatives to social services integration are reviewed. Recommendations for implementing an integrated Division of Planning and Budget are also presented. The evaluation produced several basic policy implications. Among these were that commitment to services integration should be reaffirmed by the State Department of Social Services and that a formal State policy to encourage social services integration among local agencies should be developed. Other implications are that memoranda of understanding and interagency agreements should be developed to formalize social services integration and that efforts to document and disseminate existing and future interagency coordination approaches should be undertaken to provide guidance to counties currently without a social services integration system. It is expected that implementing social service integration in Missouri will improve service delivery to clients, improve resource allocations and accountability, and help implement within the Missouri Department of Social Services the intent of State reorganization.

95. Mott-McDonald Associates, Inc., Washington, DC.
Guide to Documenting a Local Program.
Dec 79, 63p
SHR-0006357 Available NTIS PC $09.00/MF $4.00

The recommended documentation process and report format is provided for child welfare programs seeking to qualify for inclusion in the Child Welfare Resource Information Exchange, an organization committed to identifying unsuccessful child welfare programs and practices and assisting in the transfer of successful programs / practices to other settings. The major activities of the documentation process are information collection, analysis and synthesis of information, and report writing. The principle sources of information for the documentation should be the program's written materials and conversations with program staff. Additionally, the documentor's personal observations of the program's operations can be a valuable source of information. As information is collected, it should be organized into the various sections specified, with the major categories being program environment, program management, program operations, and program evaluation. The synthesis of information, in addition to condensing the material and making it easily understood, may include the development of flow charts, organizational diagrams, and other useful graphics, which can be further explained by narrative descriptions. The format for the documentation report is outlined. At all stages of its development, the report should be reviewed by key program staff for accuracy and readability. The finished report should have the approval of the program director before it is sent outside the agency. A sample documentation report is provided for the Tressler–Lutheran Services Associates Adoption Program.

96. Muenchow, Susan.
Head Start Bureau, Washington, DC.
Head Start in the 1980's: Review and Recommendations.
Sep 80, 60p
SHR-0007058 Available from Administration for Children, Youth, and Families, 5030 Donohue Building, 400 6th Street SW, Washington, DC 20020.

96.

This report reviews the 15–year–old Head Start program that has served over 7.5 million economically disadvantaged children and their families and continues to serve over 375,000 children a year. Head Start is one of the Nation's largest deliverers of health care to poor children. There is evidence of gains lasting as long as 13 years after the children's Head Start or other preschool experience. Moreover, the program has fostered both parent involvement and career development. However, inflation is endangering the program's quality through severe cutbacks in the staff, hours, and services offered. The Revised Head Start Performance Standards should be implemented to protect child–staff ratios and class size. At least one teacher in every Head Start classroom should have a nationally recognized credential in child development, Head Start staff should receive improved benefits, and more emphasis should be placed on program and managerial resources. At the regional level, the caseload for community representatives should be gradually decreased, and funds should be specifically budgeted for training community representatives. Further, the Administration for Children, Youth, and Families should plan to serve more of the income–eligible children with a minimum of a 2–percent increase per year. The features of the Child and Family Resource Program should be gradually incorporated in the regular Head Start program, and Head Start should maintain its strong evaluation component. This component should explore which program features help which families, whether Head Start children may do better when they are mixed with children from higher income groups, and how easily the new Head Start programs were established and how they fit in with other child care programs. A bibliography of 55 references is included. (Author abstract modified). Report requested by the President of the United States.

97. Mund, Seymour; and Almada, Sharon.
Connecticut Dept. of Education, Hartford. Div. of Vocational Rehabilitation.
Manual for Administration of the State Plan.
1 Oct 80, 90p
SHR-0006631 Available from Hartford Division of Vocational Rehabilitation, 600 Asylum Avenue, Hartford, CT 06105.

This manual discusses the administration of the State Plan of the Division of Vocational Rehabilitation of the Connecticut State Department of Education. In discussing plan submittal and purpose, it is noted that no consolidated State Plan for vocational rehabilitation and developmental disabilities exists because the Department of Mental Retardation is now the designated State agency for developmental disability. Vocational rehabilitation for the blind is under a separate agency. All laws and their interpretations pertinent to the basic authority and organization for administration or supervision of administration of the vocational rehabilitation program are provided. The Division of Vocational Rehabilitation, operating within the framework of the State Board of Education, is to be primarily concerned with vocational and other rehabilitative activities for disabled persons and is to be responsible for the vocational rehabilitation program of the State, except for rehabilitation services for the blind. The organization of this State agency is described, and its personnel administration is discussed, with particular attention to the Affirmative Action Program, personnel policies and records, staffing, staff development, and participation by personnel in political activity. The agency's fiscal requirements and sources of State funds are also discussed. Other topics considered are the scope of the agency program; eligibility, ineligibility, and certification; methods of administration unique to vocational rehabilitation; general methods of administration; vocational rehabilitation services for disability beneficiaries paid from social security trust funds; vocational rehabilitation services for blind and disabled recipients paid from Supplemental Security Income program funds; and the State Plan for rehabilitation facilities. Workshop standards for the Connecticut Chapter International Association of Rehabilitation Facilities are included. Tables and organizational charts are included.

98. Myers, Phyllis.
Conservation Foundation, Washington, DC.
Neighborhood Conservation and the Elderly.
1978, 72p
SHR-0006375 Available from Conservation Foundation, 1717 Massachusetts Avenue NW, Washington, DC 20036.

The results of a study of the impacts of urban revitalization on housing for the elderly are reported. The study included a literature review, interviews with major advocacy group representatives, interviews with Federal officials, a survey of 33 Neighborhood Housing Services programs (NHS), site visits to NHS programs, telephone interviews, and site visits to New York City; Baltimore, Md.; and St. Louis, Mo., which included interviews with local officials and community group members. The characteristics of the urban elderly were identified and the effects of relocation during neighborhood revitalization efforts were examined. The extent of private renovation and its displacement effects were explored as well as the effects of Government stimulation on renovation practices and renovation's effect on the elderly. The report also discusses historic districting and its impact on the elderly and considers the effects of homesteading programs on the elderly's housing needs. NHS survey results and methodology were detailed. The survey indicated that elderly residents preferred to remain where they were, that local NHS staffs reported spending a great deal of time working with the elderly, that the elderly were the preponderant users of the high–risk loan fund offered by NHS, and that safety code enforcement strategies posed special problems for older persons. Recommendations include training community staff to meet psychic needs of the elderly and adapting safety code procedures that are more sensitive to the elderly. Discussions are illustrated with case reports from various cities. Notes and 67 references are provided, and appendices include the text of the NHS survey and a summary of responses to it.

99. National Association for State Information Systems, Lexington, KY.
1980-1981 NASIS Report. Information Systems Technology in State Government.
1981, 465p
SHR-0007247 Available from the National Association for State Information Systems, PO Box 11910, Lexington, KY 40578.

Findings are reported from the 1980 to 1981 nationwide survey of information systems technology in State government conducted by the National Association for State Information Systems. Objectives of the annual surveys are (1) to present an annual review of the state of the art in information systems and other computerization in the States; (2) to provide data for analysis of trends in State information systems; and (3) to assist in increasing the exchange of information among the States on information systems legislation, policies, management practices and problems, funding, and actual systems design and computer programs. The classes of data covered include coordination and control, computer inventory, personnel, training, difficulties experienced in electronic–data–processing management, formalized plans and documentation, intergovernmental information systems relationships, applications, funding, data security and privacy, and transfer projects. Some general findings are that total expenditures for information systems activities increased about 12 percent over the previous year, the growth in installed computers is mainly in the largest or smallest sizes, the use of consultants in operating the systems is widespread regardless of rising price of consulting contracts, and intergovernmental cooperation is low. Separate sections on judicial and legislative applications, computer installations, communications and data entry equipment, and off-line peripherals are provided in the appendices. Findings are provided in an executive summary.

100. National Association of Coordinators of State Programs for the Mentally Retarded, Arlington, VA.
Mental Retardation: Trends in State Services.
1976, 42p
SHR-0007069 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 040-000-00348-7.

This report identifies a few of the developments for retarded persons currently underway in the 50 States and suggests some of the implications of these trends. A total of 125 interviews with State mental retardation coordinators were conducted between September 1, 1974, and January 30, 1975. The report reviews recent trends in the organization of State governments and comments on their implications for the delivery of services to the mentally retarded. Patterns in regional and local service systems are also noted, as is the role of the private sector. Trends in public expenditures on mental retardation services, as viewed from the State level, are mentioned, and new developments in a variety of program areas are summarized. The areas covered include education, vocational rehabilitation, residential services, community-based services, and health and preventive services. In addition, the impact of Federal assistance on State and local agencies and some of the problems it has engendered are analyzed. Finally, the implications of the strong emphasis on retarded citizens' legal rights are covered. The interview schedule is appended, and footnotes and some tabular data are supplied. (Author abstract modified). One of four volumes in the Century of Decision series.

101. New Jersey State Dept. of Health, Trenton. Alcohol, Narcotic, and Drug Abuse Unit.
New Jersey Combined Alcohol and Drug Abuse Prevention and Treatment Plan, 1981.
1981, 83p
SHR-0006487 Available NTIS PC $10.50/MF $4.00

Progress through May 1980 and plans for fiscal year 1981 are presented in this New Jersey State plan for alcohol and drug abuse prevention and treatment programs, with emphasis on strategies to cope with reductions or elimination of Federal funding and an increase in the availability and use of heroin. An introduction presents data supporting the conclusion that heroin availability and use have been growing in New Jersey and discusses the need for a dynamic management approach to accomplish restructuring of funding for treatment and nontreatment services. A section describing the current systems presents such information as an organizational chart, a profile of the individuals involved in 80 alcoholism programs in New Jersey during 1979, a discussion of countermeasures being used to combat the problem of drinking drivers, and a list of licensed residential alcohol treatment facilities. Performance reports for 1980 for the Division of Alcoholism and the Division of Narcotic and Drug Abuse are next presented. Alcoholism treatment service needs in the areas of nonhospital detoxification, halfway houses, and residential treatment are summarized. Program action plans regarding alcoholism and drug abuse present 1981 goals and objectives, resource assessments, and action strategies. The final section presents financial reports and budgets. Tables are provided.

102. New York State Board of Social Welfare, Albany.
New York State Board of Social Welfare: Information and Referral in New York State. Final Report and Appendices.
Mar 80, 86p Executive Summary available from PROJECT SHARE.
SHR-0004833 Available from New York State Board of Social Welfare, Agency Bldg. One, 10th Floor, Empire State Plaza, Albany, NY 12238.

Results of an analysis of information and referral systems in New York State and other areas are reported. The report considers both generic systems and those which are oriented toward specialized subject material or audiences. The first chapter addresses issues and concepts related to information and referral, including its basic nature and historical background and a rationale for providing this service. Also provided are descriptions of such essential program components as the resource file, classification system, the referral process, advocacy, planning, service access, publicity, and outreach and start up prerequisites such as funding, staffing, and training. The second chapter provides descriptions of information and referral services around the United States and in New York. These services include the Information Center of Hampton Roads in Norfolk, Va.; Human Services Coordination Alliance, Louisville, Ky.; Georgia TIE–Line; and Connecticut INFOLINE. Services in Westchester, Albany, Schenectady, Chemung, and Monroe counties in New York and in New York City are also described. The third chapter is concerned with specialized services offered by specific State agencies such as the Office for the Aging and the departments of social services, health, and labor. Also described are information and referral provided through Federal programs such as social security, Federal Information Centers, and the Administration on Aging; and through other organizations including United Way, the Alliance of Information and Referral Services, and the New York Urban Coalition. The last chapter recommends ways to continue to develop and maintain information and referral services in New York State. The recommendations focus on developing efficient and cost effective services, building on existing expertise within and outside the State, and on using the "key person" approach to establishing services, training, and networking. Specific recommendations for the State Department of Social Services, priorities, development options, and policy recommendations are given. A chart and a reference list are included. Appendices include a summary of information and referral standards, information on New York State services and program in other States, a list of analysis participants, a list of hotlines, and a letter from the Governor of New York.

103. New York State Office of Health Systems Management, Albany.
New York State Long Term Home Health Care Program.
1 Feb 80, 163p
SHR-0006847 Available from New York State Department of Health, Bureau of HMO and Home Health Services, Tower Building, Room 1970, Empire State Plaza, Albany, NY 12237.

New York State's long–term home health care program (LTHHCP) is described with respect to its history, nature, and status as of the beginning of 1980. Legislation authorizing the development of the program, also known as the Nursing Home Without Walls Program, was enacted in 1977. The program is designed to extend the availability of comprehensive home care to patients who would otherwise require care in a skilled nursing facility or a health–related facility. The program was prompted by the increasing numbers of elderly in the population, the lack of comprehensive home care services in many communities, rising medicaid expenditures for residential health care facilities, and other factors. LTHHCP providers may be certified home health agencies, nonprofit residential health care facilities, or hospitals. Their services

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must be available 24 hours a day, 7 days a week, and are provided to patients at home or in the home of a relative or other responsible adult. Among features distinguishing the program from traditional home care programs in New York State are the requirement that expenditures be no more than 75 percent of the average medicaid cost of maintaining a patient in a residential facility and the limitation of the program to persons who would otherwise be eligible for placement in a residential facility. Nine LTHHCP's, with a total capacity of 805 patients, have been approved. During the initial year of program operation, 220 patients have been served, and the monthly patient census has continued to grow. The average patient is 75 years old. Clarification of the program's role is needed. In addition, existing slots should be reallocated, the expense limit should be modified and increased under certain circumstances, and regulations to prevent discrimination against medicaid clients should be developed. Additional recommendations cover statutory, regulatory, and administration changes. Footnotes and extensive appendices presenting tables, data collection instruments, and background information are provided. (Author abstract modified).

104. O'Keefe, Ann.
Head Start Bureau, Washington, DC.
What Head Start Means to Families.
Sep 79, 42p
SHR-0006709 Available from U.S. Department of Health and Human Services, Project Head Start, PO Box 1182, Washington, DC 20201.

Ways in which the Head Start program involves and serves parents and families are described, and evidence on the program's impacts is presented. The discussion is based on 24 major reviews and evaluations of the program, as well as opinions of about 15 people with extensive experience with the program. From its beginning, Head Start was intended to be a parent and family program in which all services to children were to be viewed in a family context. Through the years, the actual program operations have increasingly conformed to these intentions. The Head Start Program Performance Standards issued in 1972 addressed the role of parents in all the program areas. Currently, parents are an integral part of the decisionmaking process and comprise a majority of each local Head Start policy council. Parents are also provided many opportunities to improve their understanding and skill as parents. In addition, they are both paid employees and volunteers for Head Start. Virtually all parents view Head Start positively. Studies also indicate that Head Start affects parents and families indirectly by promoting beneficial community changes, providing job opportunities, and bringing families into direct contact with social service agencies. Three special programs have an extensive commitment to activities which support parents in their childrearing roles. The 33 Parent–Child Centers focus on families with at least 1 child under age 3 and have been received enthusiastically by participating parents. The Home Start demonstration, funded from 1972 through 1975, showed that outcomes for children and parents were comparable to those in center-based programs. The Child and Family Resource Program, begun in 1973, emphasizes promoting the healthy growth and development of young children, from the prenatal stage through third grade. Much evidence indicates that this program is having a constructive impact on community resource / service agencies. Thus, data indicate that Head Start is indeed a program for children and their families, and that parents are becoming increasingly involved in the program. Photographs, drawings, and footnotes which include references are provided.

105. Office of Human Development Services, Boston, MA. Office of Program Coordination and Review.
Administrative Review of Department for Children and Their Families, State of Rhode Island and Providence Plantations.

Apr 81, 196p
SHR-0007390 Available from Department of Health and Human Services, Office of Human Development Services, Office of Program Coordination and Review, Region 1, John F. Kennedy Federal Bldg., Government Center, Boston, MA 02203.

Findings and recommendations are reported from an administrative review of the Rhode Island Department for Children and Their Families (DCF). The new single children's agency is charged with protecting children; provides substitute care for more than 2,000 children; and responds to about 165 new cases per month. Its clients are the neglected and abused; the adjudicated; diverted and incarcerated delinquents; mentally, emotionally, and developmentally handicapped; runaways; pregnant teenagers; those free for adoption and those eligible to be free; and parolees and probationers. Data were obtained from documents relating to children's service activity and analysis of this material by Federal staff, interviews with DCF staff to determine agency operations in relation to various Federal programs, and interviews were held with other agencies interacting with DCF. Recommendations are reported for the agency's objectives; services for children in the State, including the special areas of juvenile justice, the Guardian Ad Litem and Court Appointed Special Advocate (CASA) Programs, mental retardation and mental health, education, and Native Americans; the agency's organizational structure and staffing; and financial management. Sources of funding are described. Tabular data are appended.

106. Office of Human Development Services, Boston, MA. Office of Program Coordination and Review.
Title XX: State of New Hampshire Department of Health and Welfare, Division of Welfare.
Jun 80, 184p
SHR-0007389 Available from Department of Health and Human Services, Office of Human Development Services, Office of Program Coordination and Review, Region 1, John F. Kennedy Federal Bldg., Government Center, Boston, MA 02203.

Findings and recommendations are reported from an administrative review of the New Hampshire Department of Health and Welfare's human service operations related to title XX and the Work Incentive Program (WIN) expenditures. The review focused on the functions critical to comprehensive service delivery: accounting, policy development, staff development planning, and purchase of service. Attention was given to the entire process of decisionmaking within the agency, especially identifying key decisionmakers and control points. Data were obtained from existing documents relating to title XX activity and analysis of this material by Federal staff, interviews with central office and field office staff to determine agency operations in relation to title XX, interviews with top administrators of the agency to elicit their views of the agency, and interviews with public and private agencies interacting with title XX. Findings and recommendations are presented for the organization and structure of social services, district offices, purchase of service, the management information systems, management reports, financial management, and programs related to title XX. Extensive data are appended.

107. Office of Special Education and Rehabilitation Services, Washington, DC.
Resource Guide: Recreation and Leisure for Handicapped Individuals.
Dec 80, 102p
SHR-0007048 Available from National Clearinghouse on the Handicapped, U.S. Dept. of Education, Rm. 3106, Switzer Office Bldg, Washington, DC 20202.

This resource guide on recreation and leisure activities for handicapped individuals presents

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information resources, a funding guide, and publications available from Federal sources. The 10 major information resources described are primarily national in scope and cover the subject of recreation for all handicapping conditions. Other organizations included do not focus exclusively on the needs of handicapped persons but do offer special programs for them. For each organization listed, information is given which describes the organization, the kind of information it provides, and how to use the organization's services. The organization's full name, address, and telephone number are also provided. The funding guide contains excerpts of program descriptions from the 1980 "Catalog of Federal Domestic Assistance." Funding sources are classified according to several subject areas: personnel; training; research and demonstrations; media, arts, and humanities; operation funds; and facilities construction / remodeling / planning. The Revenue Sharing Act of 1972 as amended in 1976 is explained, and additional resources for funding information are provided. In addition, 16 publications available from Federal sources are listed; ordering information is supplied.

108. Ohio State Univ., Columbus. Nisonger Center for Mental Retardation and Developmental Disabilities.
Summarizing the Activity of the Project Over Its Three Year Period of Operation (October 1, 1977 Through September 30, 1980). Evaluation/Technical Assistance: Community Service Provider Project.
1 Oct 80, 215p
SHR-0006669 Available from William E. Loadman, Director of Educational Development, Nisonger Center, Suite 485, 1580 Cannon Dr., Columbus, OH 43210.

This final report focuses on the major activities of the Evaluation / Technical Assistance: Community Service Provider Project in Ohio. This project was designed to collect, identify, and disseminate specific standards relating to and affecting service delivery to mentally retarded and developmentally disabled clients and to create a technical assistance and evaluation network model to help service agencies to meet those standards. The project was funded from October 1, 1977, through September 30, 1980. During its first year of operation, the major direction of the project was to develop, publish, and disseminate "Manuals on Standards and Instrumentation for Services Affecting the Developmentally Disabled." These manuals assembled a large body of materials related to the legislation, standards, and the accreditation process as well as instrumentation materials and program evaluation methodology. In the second year the staff focused on the Program Evaluation Exchange (PEX). Program evaluators at participating agencies were responsible for developing, refining, and operating systems of program evaluation within their respective agencies and sharing information resulting from those evaluations with other service agencies. Third–year activities focused on the continuation of PEX meetings, the development and field testing of a single daily living skills checklist to be used by all participating agencies, and the expansion of evaluation networks into additional regions. Seven appendices include activity reports, summaries of project manuals, PEX meeting minutes, considerations in transporting the evaluation / technical assistance network model, and a report on interagency coordination to improve MR / DD programs through program evaluation.

109. Patrick, Donald.
Alabama Univ.-Birmingham. Rehabilitation Research and Training Center.
Expanding Services to the Disabled and Disadvantaged: Implications for Research Utilization in Delivery of Services and Manpower Planning.
Oct 70, 86p
SHR-0007025 Available from University of Alabama in Birmingham Medical Rehabilitation Research and Training

Center, No. 19 Spain Rehabilitation Center, 171 6 Avenue, South Birmingham, AL 35233.

Proceedings of a regional conference held in Birmingham, Ala., on October 6–8, 1970, which focused on expanding services to the disabled and disadvantaged, are presented. Conference goals were to provide agencies and educational institutions with an opportunity to exchange ideas as to how each can better serve the other in the areas of research, demonstration, and training; to introduce new concepts resulting from research that have promise for improving services when employed more widely than research demonstration has permitted; and to heighten educational institutions' responsiveness to and better understanding of current conditions affecting service programs. The conference mainly was concerned with looking at services to disabled and disadvantaged individuals from the standpoint of using research, demonstration, and manpower development programs more effectively. Individual talks focused on new approaches to programming and current legislative activity, using research findings to enhance services to people, developing and using manpower in services to people, and planning for the 1970's. Discussion group remarks and concluding remarks are provided. Reference to individual papers are supplied. Proceedings of a Regional Conference, Birmingham, AL, October 6-8, 1970. RRTC Monograph no. 1.

110. Perretz, Harriet L.
National Gray Panthers, Philadelphia, PA.
Gray Panther Manual, Vol. I: Organizing.
Apr 80, 149p
SHR-0007355 Available from National Gray Panthers, 3635 Chestnut Street, Philadelphia, PA 19104.

This manual presents guidelines for organizing local Gray Panther networks to combat discrimination and oppression directed against the elderly. The manual describes the Gray Panther movement's beginnings in 1970 and traces its development. It then discusses the movement's three distinctive characteristics: its focus on the struggle against discrimination on the basis of age, its membership of persons of all ages, and its orientation to social change rather than social service. The movement's purposes, goals, and priorities for action are also summarized. Action priorities include health care, housing, the economic system, and the media. The national and local network structure and administration, including the process for affiliation, are outlined; the responsibilities of the steering committee and responsibilities and relationships between the national and local networks are stated. Basic steps for organizing, building, and maintaining a strong, imaginative, and effective network are summarized, and organizing issues and activities and programs of existing networks are presented. Also discussed are the basic tools, strategies, and resources a network may use in order to achieve its goals. Areas covered include lobbying in legislatures, administrative advocacy, litigation, testifying at public hearings, the use of publicity and public relations, and guidelines for publications. The final section of the manual presents such resources as the articles of agreement and resolutions adopted at the 1979 Gray Panthers convention, a list of local network options related to taxes, sample newsletters, a sample news release, a selected bibliography of 16 citations, and guidelines for writing funding proposals. Second edition. See also related document, Volume 2, SHR-0007356.

111. Perry, Kathryn Senn; and Moore, Gary T.
Women's Bureau, Washington, DC.
Employers and Child Care: Establishing Services Through the Workplace.
Jan 81, 90p
SHR-0006449 Available from U.S. Department of Labor, Office of the Secretary, Women's Bureau, 601 D Street NW, Washington, DC 20210.

111.

This monograph, developed as an aid to employers, union leaders, and employee groups, includes information about employer-related child care services and guidelines for planning child care services. It reviews the need for child care, services available, and the present status of employer and labor involvement in child care services. Specific guidelines cover the planning stages; various forms of child care involvement, including information and referral systems, family day care, and sick child care programs; needs assessment; cost analysis; and funding sources. Program components of a child care center are described, including administrative organization, philosophy, licensing, curriculum, and staff. The monograph covers facility and equipment considerations; project planning issues include facility options, size, and site selection. Architectural design elements are examined in terms of general design concepts and the design of individual spaces for children, staff, and services. Appropriate furnishings and equipment are described. Procedures for implementing the program plan, maintaining ongoing public relations, and conducting a program evaluation are included. Chapter references, a 52–item bibliography, and annotated lists of child care centers sponsored by industry, labor unions, government agencies, and hospitals are appended. Pamphlet no. 23.

112. Perske, Robert.
New Life in the Neighborhood: How Persons With Retardation or Other Disabilities Can Help Make a Good Community Better.
1980, 77p
SHR-0006818 Available from Abingdon Press, Customer Service Department, 201 Eighth Avenue S, Nashville, TN 37202.

The book demonstrates through numerous examples that persons with developmental disabilities are capable of functioning in the mainstream of community life. Society is currently moving away from attaching discriminating labels to the developmentally disabled and focuses instead on overcoming handicaps in seven vital living functions: self–care, receptive and expressive language, learning, mobility, self–direction, capacity for independent living, and economic sufficiency. The principle of normalization, which first became prevalent in Denmark, strives to let the developmentally disabled obtain an existence as close to the normal as possible. Developmentally disabled people can develop to lead meaningful and rewarding lives if given sufficient support or freedom. The main obstacles to the mainstreaming of developmentally disabled persons are myths such as the one prevalent in the 1920's that the mentally retarded would "outbreed" the normal population if not stopped. In numerous instances, disabled persons have distinguished themselves in acts of courage and heroism. Society now also recognizes the right of the disabled to love and marriage and helps them make responsible decisions about whether to have children. Numerous examples are presented of how the integration of developmentally disabled persons into a community sparked new impulses and resources and how disabled children prove to be powerful peer educators. At the same time, old myths about the decline of property values, the proliferation of disease, and the rise of crime have been destroyed.

113. Pletcher, W. Randall.
Illinois State Dept. of Public Aid, Springfield. Bureau of Planning and Evaluation.
Welfare Reform Demonstration Project Description and Analysis, July 1978 to June 1980.
Jan 81, 184p Executive Summary available from PROJECT SHARE.
SHR-0007636 Available from W. Randall Pletcher, Dept. of Public Aid, Research and Evaluation Section, 316 South 2nd Street, Springfield, IL 62763.

Findings and recommendations are presented from the Illinois Welfare Demonstration Project, a combined service and research effort designed to increase the employment of recipients of Aid to Families with Dependent Children benefits and to better understand client movement. The project sought to improve the linkages among the population of public assistance recipients, organizations involved in manpower training or placement, and local Department of Public Aid operations. The project's distinctive features involved the role of field staff designated as self-support brokers. A major part of the broker position involved extensive outreach work with the intent of having all adult recipients capable of working attend an interview to discuss client interests, available services, and departmental policy concerning employment. Another broker responsibility was to establish and maintain a high awareness of locally available employment and training services. The project was implemented in four site areas in July 1978. According to the project plan, each broker was to interview 40 clients and achieve an average of 10 "positive terminations" (case suspension, cancellations, or grant reduction due to employment) per month. After 2 years of project operation, the staff lagged behind the goal for client interviews, completing 53.2 percent of the objectives, yet it exceeded the goal for "positive terminations" by 16 percent. The changes in case movement were of such a magnitude that savings estimates yielded favorable cost-savings ratios. Recommendations are offered for expanding and improving the project. Appended are supplementary data and discussions of methodology; tabular and graphic data are also provided. (Author abstract modified).

114. Pola, Yvonne; and Ihlenfeld, Gayle.
Wisconsin Association on Alcohol and Other Drug Abuse, Madison.
Women Reaching Women: Volunteer Coordinator's Training Program.
Aug 80, 70p
SHR-0007583 Available from Wisconsin Association on Alcohol and Other Drug Abuse, 333 W. Mifflin Street, Suite 4, Madison, WI 53703.

A training program is provided for volunteer coordinators working with Women Reaching Women, a project of the Wisconsin Association on Alcohol and Other Drug Abuse, which acts as an advocate for improved services, public information, policy, and law in matters relating to alcohol and drug abuse. The objective of the Women Reaching Women program is to (1) draw more women into treatment and increase the likelihood of successful treatment, (2) create public awareness about the problem of women and alcoholism and other drug abuse, (3) be an advocate for the needs of women who are in treatment, (4) train and use volunteers to achieve these objectives, and (5) promote healthy lifestyles for women. The materials presented provide guidance for the volunteer coordinator as she recruits and trains volunteers for the work of the organization. The topics treated in the training are how to motivate and retain volunteers, what volunteers can do, specific job descriptions for volunteers, how to recruit volunteers, how to screen potential volunteers, the volunteer contract, confidentiality guidelines for coordinators, and evaluating the volunteer group. Other materials provided are volunteer registration and interview forms, sample letters of rejection to potential volunteers, sample training sessions for volunteers, public speaking tips for coordinators and volunteers, and additional recommended reading for coordinators. Sections are also included on how to use the media, sample media materials, and resources to contact.

115. President's Committee on Employment of the Handicapped, Washington, DC.
Law and Disabled People: Selected Federal and State Laws Affecting Employment and Certain Rights of People With Disabilities.
1980, 172p
SHR-0007853 Available from U.S. President's Committee on Employment of the Handicapped, 1111 20th Street NW, Room 636, Washington, DC 20036.

115.

This paper provides a summary of selected State and Federal laws affecting the opportunities for disabled persons to integrate themselves into the mainstream of life. In particular, the commentary focuses on the relationship between these laws and the employment of the disabled. An introduction is provided to the laws relating to architectural accessibility, education, vocational education, mass transportation, use of motor vehicles, housing, and discrimination. The final category, the prohibition of discrimination, is analyzed in terms of areas such as education and training, employment, housing, public accommodations, and transportation. In looking at these identified areas of law, this presentation seeks to explain the basic provisions of the law, how they are enforced and by whom, and important developments in each area of the law. This catalog of laws represents the legal achievement of equality by the handicapped as citizens as well as the public concern for the rights of the handicapped. It also represents a new role for the handicapped in society as spokespersons for their own rights and interests. Provided are tabular data, footnotes, and addresses listing the executive directors of each State's Governor's committee on employment of the handicapped.

116. Purdom, P. W.; Laessig, Robert E.; and Hebb, Adele.
Drexel Univ., Philadelphia, PA.
Health Planning Related to Environmental Factors: Preliminary Technical Guidelines.
Aug 80, 197p
HRP-0101801 Available NTIS PC $16.50/MF $4.00

These guidelines provide technical assistance to health planning agencies in addressing problems associated with environmental factors in their health systems planning. The study focuses on water and air pollution; residential, recreational, and highway hazards; and the control of insect and animal disease hazardous to the environment. The guidelines were developed with the advice of a panel of experts and consultants and after visits to Health Systems Agencies (HSA's), State Health Planning and Development Agencies, and other related governmental agencies. The preliminary guidelines were developed along with four modules which illustrate the application of the general approach presented in the guidelines to specific types of environmental problem areas. These were then field tested by HSA's to determine their usefulness, applicability to actual situations, practicality, and deficiencies. In addition to providing an introduction to the wide range of environmental threats to human health, the guidelines identify Federal and State agencies and local community groups with which planners can coordinate their activities to reduce these hazards as well as to take corrective action after a health status problem occurs. Diagrams are included for assessing current health status problems and for forecasting future indicator levels. Environmental legislation is discussed as it relates to the establishment of goals and priorities in the health systems plans of the planning agencies. The 53 references cover general planning, environmental health, and specialized areas of environmental concern. Appended information includes a list of the experts and consultants, an outline of the scheduled visits to HSA's and other agencies, a discussion of the legal basis for health planning in relation to environmental factors, and ordering information for the four illustrative modules. (Author abstract modified). Health Planning Methods and Technology Series.

117. *Implementation of Independent Living Programs in Rehabilitation.*
Jun 80, 211p
SHR-0007635 Available from Arkansas Rehabilitation Research and Training Center, Hot Springs Rehabilitation Center, PO Box 1358, Hot Springs, AR 71901.

This report presents practical guidelines in the planning and operation of an Independent Living Program (ILP) for handicapped individuals.

Current concepts of ILP's are analyzed in terms of trends and implications for the future by identifying the basic features of ILP's, defining three variations of ILP's (nonresidential, residential, and transitional centers), discussing specific dimensions by which each ILP can be described (i.e., service setting, service delivery method, vocational emphasis, etc.), and illustrating all these factors in two existing ILP's (the Ann Arbor Center for Independent Living in Michigan and the San Diego Community Center for the Disabled in California). A discussion of staffing for ILP's highlights such considerations as consumer involvement, affirmative action planning, and work disincentives. In addition, the report describes a variety of resources for funds and benefits for the handicapped receiving ILP services, with emphasis on the importance of establishing a diverse and stable base of support of ILP's. Guidelines for evaluating ILP's are also given, with the suggestion that evaluators focus on the extent to which the ILP is accomplishing its stated objectives and individuals are experiencing gains in life areas. Finally, guidelines are presented for rehabilitation trainers to follow in designing and conducting training programs on implementation of ILP's. Tables, footnotes, chapter references, and a bibliography with 28 citations are furnished. Appendices present guidelines for developing position descriptions for ILP staff, ILP resource information, and the names and addresses of study group members who developed this report. (Author abstract modified). Seventh Institute on Rehabilitation Issues, June 3-5, 1980, San Antonio, Texas. Prepared by a study group of the Institute on Rehabilitation Issues.

118. Resnik, Henry S.
White (E.H.) and Co., Inc., San Francisco, CA.
Drug Abuse Prevention for Low-Income Communities: Manual for Program Planning.
1980, 74p
SHR-0007634 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 017-024-00992-0.

Background and issues, program profiles, and program planning development for drug abuse prevention in low-income communities are discussed. The manual is based on the premise that drug abuse prevention for low-income communities is inherently different from prevention for middle-class communities, with the difference deriving primarily from a difference in needs. Generally, prevention approaches have focused on two principal targets: individuals and those small groups with whom individuals have significant interaction, particularly families and peer groups. Recently, prevention programs have targeted organizations involved with youth, such as schools and youth service agencies. For low-income communities, the entire community must be targeted. This dimension adds a variety of new and largely unfamiliar approaches to the scope of drug abuse prevention programming, including community organizing, mobilizing groups to press for change in governmental and agency policies, neighborhood development, and network building aimed at creating linkages and cooperation among community service agencies. Program profiles are presented under the categories of school-based programs, alternative schools, youth service agencies, and multiservice community-based agencies and organizations. Program planning and development are discussed in terms of developing sensitivity to the culture and values of the community, community organization, needs assessment, training, securing funding and other support, and evaluation. An extensive list of resources on poverty, drug abuse and drug abuse prevention, public information on drug abuse, program planning and development, and related matters is included. Chapter notes are provided.

119. Reynolds, Jack.
Center for Human Services, Washington, DC.
Guidelines for Management-Oriented Evaluation of Delinquency Prevention Programs.
May 80, 77p
SHR-0007688 Available from Department of Youth Authority, Division of Research, 4241 Williamsbourgh Drive, Sacramento, CA 95823.

Written for administrators who are interested in designing and conducting their own evaluations, this manual presents guidelines for evaluating juvenile delinquency prevention programs. An introduction defines the evaluation process and explains how administrators and evaluators must work together to identify priorities and select useful evaluation topics, design practical evaluation methodologies and procedures, and conduct and manage evaluations effectively and efficiently. Evaluation is viewed as a three–phase process and the steps included in each phase are explained. Components of the first phase, selecting the evaluation topic, include identifying the evaluation priorities, clarifying the evaluation subject, clarifying the subject's objectives, specifying the evaluation's objective, and ascertaining the evaluation's feasibility. The second phase, developing the evaluation plan, includes such judgment steps as choosing the study design and evaluation criteria and such data processing steps as developing the sampling and reporting plans. Developing the management plan is the final part of evaluation plan development. Conducting and managing the evaluation constitute the third part of an evaluation. Five components of this phase are making staff assignments; defining procedures; pretesting and revising procedures; collecting, analyzing, and reporting data; and developing strategies for using the evaluation's findings. Figures and appendices summarizing evaluation steps and presenting sample worksheets are included.

120. Rice, B. Douglas; and Roessler, Richard T.
Arkansas Rehabilitation Research and Training Center, Hot Springs.
Introduction to Independent Living Rehabilitation Services.
Nov 80, 34p
SHR-0007456 Available from Arkansas Rehabilitation Research and Training Center, Hot Springs Rehabilitation Center, PO Box 1358, Hot Springs, AR 71901.

This overview of emerging issues and perspectives in independent living for the severely handicapped focuses on the nature of independent living rehabilitation, models of service delivery systems in independent living, implications of independent living for vocational rehabilitation, and special concerns regarding independent living. Independent living rehabilitation services focus on both aid to the individual and changes needed in the environment. Most independent living services are provided during the earlier phases of the rehabilitation process and will contribute to the development of vocational capabilities in many individuals. Legislative efforts for independent living services resulted ultimately in Federal provision for comprehensive services in 1978. Results of early pilot projects in independent living rehabilitation have underscored the importance of a diversity of services, removal of barriers inside and outside the home, a close working relationship between independent living and vocational rehabilitation service providers, and further experimentation with new models of service delivery. Independent living services can now be provided to severely handicapped individuals without a vocational goal test. These services may enhance the individual's capacity to live more independently as well as to maintain employment. Positive outcomes of early programs providing independent living centers could stimulate further funding for the entire independent living program. Among unresolved issues in the implementation of independent living rehabilitation services are eligibility criteria, order of selection of clients, coverage of service costs, closure criteria, and procedures for linking independent living and vocational rehabilitation programs. Many administrative options are available for the provision of independent living rehabilitation services. Provisions to meet clients' ongoing needs are also required. Program evaluation of independent living programs should focus on such areas as program efficiency and effectiveness, client satisfaction, and costs and benefits. Fifteen references are provided.

121. Roth, Richard.
Herner and Co., Arlington, VA.
Child Abuse and Neglect Among the Military: A Special Report From the National Center on Child Abuse and Neglect.
Aug 80, 9p
SHR-0007065 Available from Region 7 Child Abuse and Neglect Center, Institute of Child Behavior and Development, The University of Iowa, Oakdale, IA 52319.

This report examines those characteristics of military life which, by producing stress on military families, may increase the likelihood of child maltreatment, and it analyzes the military response. Although, in the absence of good statistical data, most discussions of incidence of child maltreatment in the military are speculative, military life in itself may contribute to a higher incidence. The reasons primarily include high mobility and consequent social isolation, long and frequent separations, and economic hardship among the lower ranks. The military has been slow to recognize the problem because child abuse cases were seen as isolated incidents and were not viewed as posing a threat to military effectiveness. By 1970, however, two–thirds of all U.S. Army posts had at least established procedures for child protection. By August 1972, well over half of all U.S. military bases had a child protection council or a team to handle child abuse and neglect cases. In addition, the passage of the Child Abuse Prevention and Treatment Act in 1974 gave additional impetus to the development of coordinated regulations for the armed services. However, child protection programs are handicapped by the lack of legal support within the military. Future directions include the establishment of a single, comprehensive child abuse and neglect reporting form and mechanism for all three services and the development of a military child abuse and neglect resource center. A total of 22 references and 28 bibliographic citations are given.

122. Rothman, Jack; Erlich, John L.; and Teresa, Joseph G.
Changing Organizations and Community Programs.
1981, 160p
SHR-0007245 Available from Sage Publications, PO Box 5024, Beverly Hills, CA 90210.

This book offers specific strategies or action guidelines for people who work in human service agencies as well as tactical steps for effectively carrying out these strategies. At the same time, detailed attention is given to personal, client, organizational, and community factors that bear on a practitioner's attempts to achieve a specific objective with a particular strategy. Examples given by practitioners demonstrate the specific ways in which the guidelines were actually carried out in settings that ranged from neighborhood centers to statewide mental health organizations. This book is an abridged, more practice–oriented version of a longer volume by the same authors entitled "Promoting Innovation and Change in Organizations and Communities: A Planning Manual." Guidelines are presented for promoting an innovation, changing an organization's goals, fostering participation, and increasing the effectiveness of role performance. The four guideline chapters each follow a similar format: introduction to the practice problem, illustrations of implementation (patterns and operations), practitioners'

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views of problems and prospects, and getting started (thoughts for initiating action and an initial log for listing first steps.) The manual may be used for inservice training, by individual practitioners, and by groups of practitioners who want to explore together the most effective ways of initiating changes. Chapter notes are provided. A note on the research methodology which shaped the book is appended. (Author abstract modified). Sage Human Services Guides, Volume 20. Abridged version of "Promoting Innovation and Change in Organizations and Communities," by the same authors.

123. Sager, Alan.
Florence Heller Graduate School for Advanced Studies in Social Welfare, Waltham, MA. Levinson Policy Inst.
Decision-Making for Home Care: An Overview of Study Goals and Methods.
Apr 80, 25p
SHR-0006469 Available from Dr. Alan Sager, Florence Heller Graduate School for Advanced Studies in Social Welfare, Brandeis University, Waltham, MA 02254.

Objectives and methodology are described for a study whose primary goal is to learn more about the home care needs of older Americans. The second goal is to learn more about how well the current home care system works. The objectives under the first goal are (1) to measure the consistency of professionals', clients', and families' hypothetical estimates of the needs of individual home care clients; and (2) to measure the "predictive validity" of professionals', cients', and caregivers' views of needed services. Objectives under the second goal are (1) to measure the vertical equity of current service plans; and (2) to weigh the financial, regulatory, and administrative constraints on current home care service planning. The information being used to achieve study objectives has been collected in three general phases: (1) random sampling and purposive screening to secure an appropriate study sample; (2) completion of three comprehensive assessments (90 days apart) to record measures of well–being, information for care planning, and current levels of help; and (3) the obtaining of a variety of independent views of the home care services needed to sustain clients at home in a safe, adequate, and dignified manner. Eight home care agencies in eastern Massachusetts participated in the project. Following random sampling and screening, 116 clients of these agencies consented to be included in the study sample. The study is important because a better understanding of the types and amounts of help needed by various older Americans to live at home better equips existing programs to spend money well, and a firmer foundation would be built for estimating the costs and effects of improved home care benefits and eligibility. The costs or effects of such improvements cannot now be accurately estimated. Notes are provided.

124. Salber, Eva J.; and Phillips, Harry T.
Fogarty International Center, Bethesda, MD.
Services to the Elderly in England: Impressions From a Sabbatical.
Dec 80, 160p
SHR-0006903 Available from Harry T. Phillips, Department of Health Administration, School of Public Health, University of North Carolina-Durham, Chapel Hill, NC 27514.

This report describes the types and the nature of personal, medical, and social services available to the elderly in England. An overview of the elderly population of England and Wales gives statistics on the ages and sex of the elderly, their living arrangements, and the range of their physical and mental disabilities. The report also describes health services and geriatric specialty services provided to the elderly either by the National Health Services under the Department of Health and Social Security or by private institutions such as those which run many of the hospices throughout England. Some of those services include geriatric departments in most of the 205 health districts of England and Wales, hospices and other terminal care services, and community nursing services. Personal social services which help the elderly to maintain independent lives in the community for as long as possible are then examined. Among these services are home adaptations and aids, home help service, meals for the elderly, day centers and clubs, visiting services, and provision of residential accommodation. Finally, the report explores services to the elderly by both formal voluntary organizations and the informal family and friends network. References follow each chapter. Five appendices include a list of field visits made by the authors, national statistics regarding care of the elderly, and recommended norms and standards for services to the elderly.

125. Salsberg, Linda Simkin.
Welfare Research, Inc., Albany, NY.
Demonstration of a Community-Wide Alternative Long-Term Care Model.
Aug 78, 113p
SHR-0006658 Available from Publications Editor, Welfare Research Inc., 10th Floor, 112 State Street, Albany, NY 12207.

This report describes the development of a demonstration program providing a community-based system of long-term care to frail elderly persons and chronically ill adults in Monroe County, N.Y. The program's goal was to develop and coordinate alternatives and administer funds for long-term care, using an independent organization rather than an extension of an existing bureaucracy. The demonstration program also proposed to provide an assessment service for clients either at risk of institutionalization or requiring changes in their level of care. Concurrently, the program was to aid expansion of the noninstitutional service sector through a waiver to increase the number of services reimbursable by medicaid as well as the creation and enlargement of community programs. Monroe County was chosen because of several unique characteristics. The demonstration involved participation and support at both the Federal and State levels. The project's progress and problems for its first 3 years are described in detail. As the project begins its fourth year, it is evident that it will not meet many of its original objectives. Nevertheless, the program has made significant progress. Its assessment and case management service currently coordinates many of the planning operations for individuals making decisions about their long-term care needs. However, the community organization has been unable to coordinate and mobilize the long-term care system toward the original demonstration objectives, due largely to external problems. The program's most significant achievement is the development of the community-based, nonprofit organization coordinating assessment and case management at no charge to the elderly or chronically ill individual at risk of institutionalization. Another year will be required to phase in all medicaid eligible clients and assess strategies for attracting the private pay population. A discussion of policy implications, a list of planned fourth-year activities, footnotes, a reference list, a glossary, and appendices presenting forms, job descriptions of project staff, and organizational and operating information on the program are provided. Monroe County Long Term Care Program.

126. Schein, Jerome D.; and Hamilton, Ronald N.
New York Univ. Deafness Research and Training Center.
Impact 1980: Telecommunications and Deafness.
1980, 110p
SHR-0007509 Available from Research and Training Center, New York Univ. School of Education, 80 Washington Square, East, Room 59, New York, NY 10031.

The adaptation of telecommunications to serve deaf users is discussed for broadcast television, cable television, home television, telephonic as-

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sistance devices, and radio. In addition to scientific issues, pertinent government actions vis–a–vis telecommunications serving the hearing–impaired are considered in the areas of legislative, judicial, and administrative actions. Commercial interests in adapting telecommunications for deaf people are considered as well, because they can be critical in developing the field. Among the specific topics addressed are captioning, special programming for the deaf, and such telephonic assistance devices as graphic displays, picturephone and teletypewriters. A chapter on radio suggests ways that radio signals can be other than spoken word. For instance, they can be used to page deaf persons, to send Morse code to the deaf, and to link teletypewriters. The format for presenting the material in each chapter consists of an examination of the technical aspects of each medium, programming, and regulatory matters. Also identified are the unresolved issues in relation to each medium and the nature of the research most likely to enhance the progress already made toward enabling the hearing–impaired to use the medium. Figures and approximately 50 references are provided. (Author abstract modified).

127. Schulman, Eveline D.
President's Committee on Employment of the Handicapped, Washington, DC.
Rehabilitation of the Mentally Ill: An International Perspective.
May 81, 66p
SHR-0007321 Available from The President's Committee on Employment of the Handicapped, Washington, DC 20210.

The document surveys mental health laws and rehabilitation practices throughout the world and outlines for the future international direction of mental health services. Mental health laws are outlined for countries and provinces in the continents of Africa, Asia, Australia, Europe, North America, and South America. It is conservatively estimated that 1 person in 10 of any society is likely to be incapacitated by a severe psychiatric disorder at some time. By the 21st century the number of persons with mental disorders will increase to a projected 200 million. Based on the worldwide survey of rehabilitation procedures, it is concluded that (1) curative measures supersede and are separated from considerations of the rehabilitation of the mentally ill in most countries; (2) socioeconomic and political systems are crucial variables in the organization and administration of mental health services, as well as the priority given these services; (3) terrain and climate affect the accessibility of services; (4) westernization of rehabilitative practices can have a disastrous impact if local and personal traditions are ignored; and (5) the health staffing pool need not depend solely on psychiatrists, psychologists, social workers, and other mental health professionals. International organizations focusing partially or entirely on mental illness or mental health are listed and extensive references are provided.

128. Silverstein, Nina Melnick.
Informing the Elderly About Public Services: The Relationship Between Access to Information and Service Utilization.
Mar 80, 236p
SHR-0007062 Available from University Microfilms International, 300 North Zeeb Road, Ann Arbor, MI 48106.

Findings and policy implications are reported from a study of the relationship between information access and service use among the elderly. The conceptual framework for the study was derived largely from the gerontological and social service use literature. The independent variables used in the study were education, income, race, age, marital status, sex, frailty, and number of household members. The dependent variables were service awareness, service use, and the consideration of service use. Data were taken from a 1978 study by the Boston Commission on the Affairs of the Elderly, which assessed the social service needs and health care use patterns of older people in Boston, Mass. Data consisted of the responses of 706 men and women 60 years of age and older in household interviews. Findings show that the overall knowledge of services by the elderly is apparently largely determined by the primary source of information most often used. The elderly, who most often learn of services through the media or informal sources, are most likely to have a greater overall knowledge of services than those senior citizens who primarily learn of services through formal sources. Socioeconomic indicators are better determinants of the knowledge of specific services than are primary sources of information. Regarding the overall use of services, those respondents who learned of services through formal sources were more likely to use the services. Moreover, respondents who were white and have a higher level of formal education and greater income generally had a wider knowledge of available services. Policy implications and recommendations related to selected services are provided. Data and supplementary information are appended, and footnotes, tables, and about 50 references are included. Submitted in partial fulfillment of the requirements for the degree of Doctor of Philosophy to Brandeis University, 1980.

129. Smith, Catherine Berger; and Anderson, Katherine Elise.
Ohio State Univ., Columbus. Nisonger Center for Mental Retardation and Developmental Disabilities.
Training for Residential Alternatives: Development of Questions Useful in Evaluating Residential Alternatives Training Programs in Mental Retardation and Developmental Disabilities.
1976, 120p
SHR-0006607 Available from The Nisonger Center, The Ohio State University, 1580 Cannon Drive, Columbus, OH 43210.

This manual provides a structure for training staff in various aspects of residential alternatives for mentally retarded and developmentally disabled clients. Section one considers the selection of target groups for training and focuses on three general groups: administrators, direct care personnel, and the community. Requirements, qualifications, and standards are given for both of the professional groups. Section two outlines core content areas in a residential alternatives curriculum, including descriptions of topics which should be covered in each area of training. The content areas are divided into three subareas according to the three major audiences identified in section one. Topics include professional roles and responsibilities, administrative functions, treatment skills, and discussions of developmental disabilities. The community education section emphasizes general information and community attitudes. Section three is concerned with training evaluation, and includes discussions on preassessments and postassessments, multiple-choice question development, use of questionnaire item banks, and item analysis. Section four includes a wide range of multiple-choice questions useful in evaluating content areas of the training program, such as developmental disabilities descriptions and definitions, system structure, facility planning, staffing, resident development and programming, treatment areas, media use, attitudes toward residents and jobs, and advocacy and volunteer programs. Footnotes are included after each section, and a 15-item bibliography is provided.

130. Smith, Ellen S.; and Eisenberg, John M.
National Health Care Management Center, Philadelphia, PA.
Matrix Organization of a Residency Program in an Academic Medical Center.
May 80, 13p
SHR-0007850 Available from National Health Care Management Center, University of Pennsylvania, 3641 Locust Walk/CE, Philadelphia, PA 19104.

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Matrix organization has recently been employed in health care administration to integrate individuals from different disciplines in complex projects and tasks. This paper summarizes the concept and its application by reviewing a management theory including traditional chain of command and contingency theory, and by describing matrix management. Examples of matrix organization in health care administration are given, such as projects at Johns Hopkins Hospital, Md., the Children's Hospital in Boston, Mass., and a Massachusetts State mental health hospital. Details are then given on the organization of the matrix at the primary care residency program of the University of Pennsylvania School of Medicine. In this program, new courses and lecture series were organized for residents involving the departments of pediatrics, medicine, and obstetrics–gynecology, with faculty drawn from throughout the university. Cross–disciplinary integration was accomplished by a special Dean's Advisory Committee, a full–time administrator, and other members of the infrastructure. The advantages of matrix organization are primarily viewed as the efficient use of resources and reduction of duplicate effort. One disadvantage is the difficulty of reporting to more than one authority at the same time. A 13–item bibliography is given, and matrix design charts are appended. Discussion Paper Series, no. 26.

131. Smith, Rebecca Lou; and Anding, Thomas L.
Center for Urban and Regional Affairs, Minneapolis, MN.
Community Involvement in the Whittier Neighborhood: An Analysis of Neighborhood Conditions and Neighborhood Change.
1980, 82p
SHR-0007692 Available from Center for Urban and Regional Affairs, 313 Walter Library, 117 Pleasant Street SE, Minneapolis, MN 55455.

This report describes efforts to preserve the unique quality of the Whittier neighborhood in Minneapolis, Minn. An analysis of neighborhood conditions and resident attitudes is based on updated versions of two survey instruments, a building conditions survey and the resident attitude survey. It serves as a basis for assessing the visibility and impact of the Whittier Alliance, an umbrella organization representing diverse community groups, among neighborhood residents by placing Alliance activities in the framework of neighborhood needs and changing conditions. In addition, data on neighborhood crime and information on Whittier Alliance program participants are used. Two building conditions surveys, conducted in 1977 and 1979, show that most neighborhood structures are in sound condition or in need of minor repair and routine maintenance. The Whittier Alliance is credited for its role in improving the quality of housing in the southwest corner of the neighborhood; elsewhere the Alliance's efforts have helped provide routine maintenance and minor rehabilitation needed to maintain a stable housing stock. Moreover, residents perceive that the quality of housing is improving, an important adjunct to any rehabilitation effort. Crime is a serious problem for Whittier residents, both in fact and in residents' perception of crime. The Alliance's policy decision to gear housing programs to the rehabilitation of one–unit to four–unit structures is understandable because these structures were most in need of rehabilitation. However, restriction of crime prevention efforts to owners of one–unit to four–unit structures is less understandable, since the primary victims of residential burglaries are apartment dwellers. Homeowners, representing 13 percent of the neighborhood's households, have benefited most from the Alliance's presence. They are most familiar with the Alliance and its programs, rate the Alliance most highly, and are most likely to take part in Alliance–sponsored meetings. However, the Alliance has had limited success in addressing the problems of the transient renter population that comprises the majority of the neighborhood's households. Tabular data, maps, footnotes, survey instruments, and demographic characteristics are provided.

132. Social Security Administration, Washington, DC. Welfare Management Inst.
Work Measurement Studies for Public Assistance Functions in Louisiana, Minnesota, Virginia, Washington, and West Virginia. "How They Do It:" Illustrations of Practice in the Administration of AFDC.
Oct 80, 159p
SHR-0006448 Available from Social Security Administration, Division of Management and Supply, Supply System, 6301 Security Boulevard, Baltimore, MD 21235.

Work measurement efforts in public assistance functions are described for State and local agencies in Louisiana, West Virginia, Minnesota, Washington, and Virginia. While the rationale for undertaking work measurement differed between the States, some common goals were work simplification, workload management, and manpower use. The Louisiana system has as its goal the development of a formula that facilitates workload forecasting and manpower use. It involves the development of process times for both professional and support staff. This allows for extensive use of the data in forecasting needed manpower and budgetary costs. West Virginia's system was designed to obtain data on the nature of activities and time spent on each activity during the eligibility worker's work day, thus enabling the agency to plan more effectively for manpower use. Minnesota's system establishes standard times for work units that compose processing elements in income maintenance functions. It enables the State to determine to what degree workers are able to meet the standards and thus to plan accordingly. Washington's system is used to develop a manpower budget based upon appropriate work standards established for the work measurement. The workload standards also provide the data for manpower budgets and for planning the index of productivity, labor force efficiency, and management information. Virginia plans to use its study results as a basis for developing a "model" agency based on validated caseload standards. The study developed standards for various tasks performed by the staff. The material provided is intended for other agencies to adapt to their own conditions and circumstances to serve their particular purposes. Significant materials for each system are appended and a 13-item bibliography is provided.

133. Stark, Jack A.
Nebraska Governor's Planning Council on Developmental Disabilities, Lincoln.
Family Resource Systems: The Nebraska Model.
Jan 80, 149p
SHR-0005699 Available from Jack A. Stark, Ph.D., University of Nebraska, Medical Center, 44th and Dewey, Omaha, NE 68105.

This report presents the proceedings of Nebraska's Conference on Family Resource Systems, with particular emphasis on the Nebraska Model Support Systems for families of handicapped persons. The conference focused on the needs of families with disabled children in the context of State and local programs and laws in order to develop an agenda for the 1980's. Needed services for such families include respite care and possible State subsidy for this care for "at risk" families, beginning at the disabled child's birth. Highlights of workable family support systems featured in "Mental Retardation: The Leading Edge—Service Programs That Work," a publication of the President's Committee on Mental Retardation (PCMR), precedes a description of trends in family resource services for handicapped children, a model array of family-centered resources and supports, a model for training families to be self-advocates, and national policy recommendations and strategies for change. Other papers discuss supporting the handicapped and their families in rural areas, the needs of developmentally disabled persons and their families, Nebraska's legislative issues and their role in supporting the family, and constitutional issues for families in Nebraska. Two manuals in the report explain how to set up a respite care program and the experience of the Co–op Committee of Kalamazoo Association for Retarded Citizens (Mich.) in providing respite care for families in the Kalamazoo area. Chapter references are given and the conference program is appended. Proceedings of the Family Resource Systems Conference, Omaha, Nebraska, January 24-25, 1981.

134. Stephens, Jack L.; and Sanders, Lois W.
Georgia Dept. of Offender Rehabilitation, Atlanta. Office of Research and Evaluation.
Transitional Aid for Ex-Offenders: An Experimental Study in Georgia.
Jul 78, 117p
PB-291 610 Available NTIS PC $12.00/MF $4.00

This experimental study of a randomized study of ex–offenders was conducted to test the effect of financial aid and job placement on the rates of rearrest and unemployment during the first year after release. The Transitional Aid Research Project (TARP), an experimental study that took place in Georgia, was aimed at reducing recidivism especially as it pertained to economically related criminal acts. The subjects studied were eligible for various amounts of financial aid while members of the other three groups were not eligible. Instead, members of the fourth group were offered special job counseling with extra benefits such as work clothes, work equipment, and transportation. The fourth and fifth groups were paid $15 per person for completing an initial interview. The last group was traced through records in public offices and did not actively participate. Stratification and randomization produced a sample of 2,007 ex–offenders who had been released from prison between January 1, 1976, and July 18, 1976. The size of the six groups varied, but the first five had 200 individuals each while the sixth had 1,031. Study results indicate that at no time was more than 50 percent of the sample gainfully employed; half of the working group earned less than $1,855 during the project year. Among the unemployed, two out of three arrests involved money–related charges. The data indicate a single recommendation: ready–made jobs. If such a program were undertaken, it would require careful monitoring by a placement agent. The jobs could be subsidized to encourage employer participation and to test the effectiveness of transitional aid channeled through an intermediary. TARP did not provide any positive answers but did reveal other possible areas of inquiry. Tabular data, figures, footnotes, and appendices are included.

135. Taber, Merlin A.
National Inst. of Mental Health, Rockville, MD.
Social Context of Helping: A Review of the Literature on Alternative Care for the Physically and Mentally Handicapped.
1980, 259p Executive Summary available from PROJECT SHARE.
SHR-0006451 Available from the Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 017-024-00995-4.

This literature review focuses on five areas of social science knowledge pertaining to alternative contexts of helping for those unable to provide for themselves. It includes the research conducted from 1966 through 1976 in the five areas of knowledge which are in need of development. These areas are formal structure, helping effectiveness, social interaction, values, and interorganizational relations. In this review, context refers to the social setting in which help is given, rather than the physical setting. The social context for help is interpreted as the set of roles in the immediate social situation. Throughout the works, a major shift in policy toward the subject population is emphasized. The policy of exclusion and custody is yielding to one of normalization and social development for severely handicapped persons, the mentally ill, the mentally retarded, the delinquent, dependent children under 18 years of age, and the frail elderly. Ironically, the social sciences have played little role in criticizing or in leading the policy shift; medical, fiscal, and political aspects of the change have received more scholarly attention than the basic question of social situation. Professional and social scientific journals, essays, historical accounts, and formal research were reviewed in the preparation of the monograph which includes a total of 455 entries. Those of particular significance in terms of hypothesis, findings, or program leads are abstracted. The literature review revealed that alternative contexts for helping those unable to care for themselves were limited by human imagination. Supervised apartments, foster family homes, transitional houses owned by community corporations, converted motels, welfare hotels, sheltered workshops, and many other helping situations are described. The annotated bibliography and a subject index are provided. Studies in Social Change series.

136. Tans, Mary Dee.
Wisconsin Clearinghouse for Alcohol and Other Drug Information, Madison.
Getting the Word Out.
1979, 74p
SHR-0007503 Available from Wisconsin Clearinghouse, 1954 East Washington Avenue, Madison, WI 53704.

Procedures for developing and implementing a public awareness plan for human service programs are presented. Well–planned public awareness activities can help increase the effectiveness of particular human services by informing, educating, and influencing the behavior and attitudes of large numbers of people. The overview of the public awareness plan covers evaluation of resources, steps in developing the plan, ways of reaching people, guidelines for selecting a delivery channel, evaluating a public awareness activity, and a sample work plan and timetable. Components of the work plan are the general goal, the message, the target audience, the anticipated outcome, the objective, strategies, and evaluation. Detailed discussions are provided on how to get a message to hard–to–reach groups, urban poor communities, and people in rural areas; principles of communication; changing attitudes; and using the media. Suggestions are given for presenting a slide–tape show; using billboards, bus cards, and posters; preparing exhibits; organizing a speakers' bureau; and speaking before the public. A bibliography is provided.

137. Tash, William R.; Stahler, Gerald J.; Rappaport, Herbert; McGuirk, Frank D.; and Yeager, Tiana.
Horizon Inst. for Advanced Design, Inc., Rockville, MD.
Quality Assurance System for Community Based Mental Health Programs.
Jan 81, 161p Executive Summary available from PROJECT SHARE.
SHR-0007542 Available from The Horizon Institute for Advanced Design, Inc., Suite 1401, 51 Monroe St., Rockville, MD 20850.

This manual presents an approach for developing an optimal quality assurance system in a mental health outpatient–care setting. The ideas presented evolved from testing the utility of an outcome–based peer review system within a community mental health center (CMHC). While the manual relies heavily on the information gained in the demonstration, it also reflects the experiences of other practitioners portrayed in the literature. The presentation is intended to assist mental health administrators, evaluators, and practitioners in planning, operating, and evaluating a quality assurance program that emphasizes the use of concurrent review of treatment quality. An overview of the quality assurance field includes a discussion of the various trends and types of quality assurance approaches used in both inpatient and outpatient settings and reviews several quality assurance models currently used in mental health community settings. The steps for planning, implementing, and evaluating a quality assurance program are then detailed. A list of suggested readings accompanies each major section, and a summary of instruments necessary for an optimal peer review system is appended. A glossary and a bibliography containing about 300 listings are also provided.

138. Texas State Dept. of Human Resources, Austin. Planning and Evaluation Div.
Standard Planning Data. Edition Number Two.
Jul 80, 191p
SHR-0007556 Available from Texas Department of Human Resources, Mr. John Townsend, PO Box 2960, Austin, TX 78769.

In order to provide more reliable and consistent estimates of the environment in which the Texas Department of Human Resources operates, this Standard Planning Data Book presents standardization of data used in planning and decisionmaking. Data were obtained from a 1979 biennial survey, agency records of clients and expenditures, and Federal and State sources. In the area of general demographics, data are provided on population distribution, age group characteristics, household characteristics, family characteristics, special population groups, and vital statistics. Under human service needs, information is supplied on self-declared need for services, poverty populations, Aid to Families with Dependent Children needs, food stamp needs, child support service needs, family planning needs, family services needs, protective service needs, and medical service needs. General and client populations are compared in the areas of general demographics, housing characteristics, health characteristics, health use, employment characteristics, assets, poverty, and State median income level. Program data are provided for Aid to Families with Dependent Children, food stamps, medicaid, social services, and cross-program use. Economic data treat cost of living and unemployment and per capita income. The bulk of the document consists of tables.

139. Torrey, Barbara Boyle.
President's Commission on Pension Policy, Washington, DC.
Demographic Shifts and Projections: The Implications for Pension Systems.
1980, 39p
SHR-0007096 Available from Superintendent of Documents, Government Printing Office, Washington, DC 20402, order number 040-000-00412-2.

This paper examines recent demographic trends and discusses their implications for future pension program needs of the disabled. There are three components of population change—births, net immigration, and death. Social and economic implications of the post-World-War-II baby boom are examined, such as the estimation that when those born during the baby boom retire after the turn of the century, the ratio of the aged to those of working age will almost double. The population expansion by immigration is also an issue, particularly illegal immigration The decline in the rate of mortality because of such factors as technological and medical advances is a trend that increases the number of elderly and makes it difficult for demographers and pension planners to estimate accurately the number of aged in the future. Women in that age group are overrepresented, and it is expected that this imbalance at the sex ratio will continue past the turn of the century. Finally, disabled individuals are found in all age groups but are more concentrated in the older groups. Between now and the year 2035 the number of people 65 and over may increase by more than 120 percent, and the estimated number of disabled beneficiaries is likely to increase more than 35 percent because of demographic factors alone. These increases, combined with an estimated labor-force growth of only 6 percent, may require a renegotiation of the contract whereby the working generations help support the retired and disabled. Working paper.

140. Union/Snyder, Selinsgrove, PA. Office of Human Resources.
How-To-Compile a Human Services Directory: The First Step in Establishing an Information and Referral System.
Jan 81, 35p
SHR-0006488 Available NTIS PC $07.50/MF $4.00

The process followed by the Office of Human Resources of Selinsgrove, Pa., in planning, researching, and organizing a directory of all the human services agencies and groups serving the citizens of Union and Snyder Counties, Pa., is described. The stages in compiling the directory were as follows: (1) planning, (2) information collection, (3) data organization, (4) putting it all together, (5) distribution, and (6) updating the directory. The planning stage consisted of reviewing the literature on resource inventories; establishing an interdisciplinary agency planning and steering committee; identifying components of the resource inventory and the information items to be collected on each agency or group to be listed; identifying the format for printing, drafting information collection forms, compiling a list of agencies to be included; setting up recordkeeping on information gathering and updating; determining the information collection process; and establishing the number of directories needed. Information collection consisted of obtaining the information on the agencies and groups through the method decided upon in the planning stage and proofreading the forms for completeness. Data organization involved categorizing and organizing the data for the agency index, the problem index, the program index, and the special listings index. The stage of putting it all together involved placing information in the proper order, determining divider needs for quick information retrieval, and deciding how to educate people about using the directory. The distribution stage consisted of deciding whether the directory was to be free or, if not, what it would cost, and the plan for distribution. The stage of updating the directory involved determining the frequency for updates, if the agencies were to be updated simultaneously, how to check existing information, and how to provide directory users with the updated material. Materials used in the compilation of the directory are appended.

141. Urban Research Development Corp., Bethlehem, PA.
Handbook for Recreation Planning and Action.
1980, 96p
SHR-0007015 Available from Department of the Interior, 440 G Street NW, Washington, DC 20243.

Written for all sizes of communities with varying levels of expertise in recreation and planning, this handbook provides a sampling of basic tools and techniques local governments can use to develop planning processes and recovery action programs best suited to their needs. Underscoring how closely recreation relates to other community services to enhance the overall quality of life, it provides direction to Urban Park and Recreation Recovery (UPARR) communities in preparing their recovery action programs in accordance with the intent and specific requirements of UPARR. An overview of current situations involving urban recreation is presented, followed by an introduction to the UPARR program and its mandate that member communities prepare a recovery action program. Next, a presentation of nine fundamentals for planning and action related to recreation—including citizen involvement and cooperation, and implementation techniques and management—shows how communities can improve their recreation decisionmaking. In addition, a 10–step process for initiating and reviewing a preplanning process covers process design, organization, and relationships; inventory and evaluation; conclusions, implications, and issues; and goals and objectives. Formulating

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possible choices for action and planning strategies are also examined. Key planning elements (administration, organization, finance and budget issues, etc.) are outlined; action programs and plan adoption are also discussed. The last section delineates a format and set of guidelines for assembling and submitting a recovery action program. An excerpt from the Federal Register and a list of current Department of the Interior Heritage Conservation and Recreation Services (HCRS) publications are appended. Tabular data, maps, drawings, and photographs are provided. UPARR Action Program Development Guide.

142. Waldhorn, Steven A.; and Gollub, James O.
SRI International, Menlo Park, CA. Center for Urban and Regional Policy.
Using Nonservice Approaches to Address Neighborhood Problems: A Guide for Local Officials.
Feb 80, 111p
SHR-0006492 Available from Publication Services, SRI International, 333 Ravenswood Avenue, Menlo Park, CA 94025.

This guidebook provides city and county officials with information about an array of policy tools that use local governance powers rather than public funds to address neighborhood problems. The powers of regulation, taxing, administrative reform, and collaboration with the nongovernmental sector are discussed. The study found that local governments are increasingly using their regulatory powers to adapt zoning ordinances and codes to address special problems, such as the preservation of low-income housing, in ways which reflect the market realities of neighborhoods. They are using their tax powers not just to raise revenue but to aid special groups, such as the poor elderly, and to encourage private investors to participate in neighborhood revitalization. Their administrative powers are being used to target local government spending into economically depressed areas where it will have the greatest effect and to make sure that municipal resources are directed to encouraging neighborhood self-help efforts. Local governments are also using collaboration to involve private corporations, neighborhood organizations, and residents in neighborhood revitalization efforts. In these efforts, however, some local governments have failed to adequately consider the potential negative effect of tax, regulatory, or administrative reform approaches. They have not effectively integrated governance approaches with service-delivery programs, nor have they adequately assessed the political issues involved in applying such approaches to housing and economic development problems. Suggestions for making nonservice approaches work are offered. Appended is a catalog of nonservice approaches, and tabular data derived from the study are provided. (Author abstract modified). SRI Project 7136. Rediscovering Governance series.

143. Waldhorn, Steven A.; and Gollub, James O.
SRI International, Menlo Park, CA. Center for Urban and Regional Policy.
Using Nonservice Approaches to Address Neighborhood Problems: A Policy Overview.
Feb 80, 36p
SHR-0006491 Available from Publications Services, SRI International, 333 Ravenswood Avenue, Menlo Park, CA 94025.

This report examines the use of existing local governance powers to address neighborhood problems involving housing and economic development. They are called nonservice approaches because they operate not by the direct provision of services, but by exploiting local power to govern. Four general nonservice approaches being used throughout the United States to address local problems are regulatory and deregulatory strategies, tax policy changes, administrative reforms, and collaboration with the private sector. These approaches involve changing traditional zoning policies to ensure flexibility, prevent urban decay, and encourage small neighborhood businesses and revising tax policies by using both incentives and disincentives to protect the elderly and low–income from increasing housing costs, to stimulate development of new housing, and to encourage the improvement and development of urban business. The nonservice approaches also ensure that administrative policies of local agencies aim at achieving neighborhood objectives and that private sector businesses and local community groups cooperate to address neighborhood problems, to finance redevelopment of local neighborhoods, and to revitalize many urban business districts. Although all these approaches are limited by individual constraints, and by fiscal and political effects of the costs involved, local government policy planning efforts should take advantage of them and State and Federal governments should encourage their use. Two tables are included. SRI Project 7136. Rediscovering Governance series.

144. Welfare Research, Inc., Albany, NY.
Statewide Assessment of Family Day Care, Volume I.
Jul 77, 160p Executive Summary available from PROJECT SHARE.
SHR-0006656 Available from Publications Editor, Welfare Research, Inc., 10th Floor, 112 State Street, Albany, NY 12207.

The study explores counties and agencies administering services, service providers, and clients in the family day care system of New York State. The information is based on site visits, agency personnel interviews, provider interviews, and record searches conducted in 17 counties and in New York City. The study found that most counties administer their programs through a centralized system; conduct some kind of training for service providers; and use fairly uniform criteria and procedures for certification, approval, and supervision of day care homes. However, client eligibility requirements, reimbursement levels, and service costs varied widely from county to county. The data analysis of a subsample of providers and clients furnished information on age, income, educational background, reasons for providing / seeking home day care, and the number of children cared for in each home. For the three programs under study in New York City, results indicate that the programs use a complex, decentralized organizational structure; are required to use the State financial and programmatic reasons for eligibility determination; supply group training and home training for their providers; and reimburse their providers at the identical rate of $125 per child per month for full–time care in 1976. For the service system, the weekly cost per child is approximately $49.62, including administrative costs which account for nearly 50 percent of the total costs. The analysis of providers and clients in New York City supplied information in the same areas as that for the counties. The report includes full numerical results, numerous tables and charts, and several footnotes.

145. West Michigan Health Systems Agency, Grand Rapids. Mental Health/ Mental Retardation Planning Section.
Long-Term Care Study: Needs of Those With Chronic Mental and Physical Disabilities.
1980, 105p
SHR-0006914 Available from West Michigan Health Systems Agency, 300 People Building, 60 Monroe Center, Grand Rapids, MI 49503.

This study describes institutional and noninstitutional long–term care services available in western Michigan through the West Michigan Health Systems Agency (WMHSA). Clients include the aged, the developmentally disabled, and subacute convalescents. Long–term care should be seen as a continuum of therapeutic care and maintenance provided over an ex-

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tended period of time. Although an individual's chronic disabilities are key ingredients to the need for long-term care, major variables which are likely to indicate where the individual will receive care are age, living arrangements, availability of the full range of services, and access to those services. Progress has been made in western Michigan in the provision of long-term services in the areas of adult day care and home care services, affiliations between homes for the aged and nursing homes, and congregate living within the community. Increased development of home health care and other alternative community support services is anticipated to result in a leveling or possible decrease in demand for institutional care. Recommendations include soliciting the support of family and friends to care for the disabled, developing case management systems and uniform criteria for patient assessment, adjusting third-party reimbursement policies to include all levels of appropriate care, and using current formulas to estimate home health care needs and institutional bed needs. A total of 21 exhibits, 63 footnotes, and a bibliography of 86 primary and secondary sources are included. Thirteen appendices range from a list of chronic conditions and examples of category groups for impairment levels to estimates of the mentally retarded population by county and service needs estimates for the area. Study no. 81-1.

146. Western Michigan Univ., Kalamazoo. School of Social Work.
Kalamazoo Adult Protective Services Community Network Project: Final Report.
Oct 80, 251p
SHR-0006672 Available from Michigan Dept. of Social Services, Adult Protective Services, 300 South Capitol Avenue, Lansing, MI 48926.

This report presents the community development and research strategies that were used to create a community-based network model for the delivery of protective services to dependent adults in Kalamazoo County, Mich. The target population includes the developmentally disabled, the physically handicapped, the mentally ill, and the frail elderly. Difficulties in providing protective services to dependent adults, such as variations in the needs of this population, are examined, and legal considerations and controversies over effective treatment approaches are considered. The Kalamazoo Department of Social Services (DSS) felt that an appropriate service delivery system for this population should emphasize coordination between community agencies to improve referrals, identify service gaps, and expand resources. A description of the Kalamazoo Adult Protective Service (APS) project covers its history, goals, project design, and organization. Methods used by APS to develop community support are discussed, particularly strategies designed to overcome obstacles to a sense of shared responsibility between community residents, agencies, and the DSS for adult protective services. Research activities conducted by APS staff on community-based service models and the community development process are summarized. National APS demonstration projects were analyzed, a bibliography prepared, and the needs of the target population assessed. The agency network model developed by APS is presented, accompanied by reports on service delivery principles, public information and education, and implementation. Efforts to disseminate the project's findings are outlined, followed by a discussion of APS's effectiveness, future plans for Kalamazoo, and recommendations. The text includes tables, charts, footnotes, and 17 references. All documents produced by the research staff are appended, including an annotated bibliography of 144 references, and an exploration of APS supervisor and worker roles.

147. Wieck, Colleen A.; and Bruininks, Robert H.
Minnesota Univ., Minneapolis. Dept. of Psychoeducational Studies.
Cost of Public and Community Residential Care for Mentally Retarded People in the United States.

Nov 80, 245p Executive Summary available from PROJECT SHARE.
SHR-0007422 Available from Developmental Disabilities Project on Residential Services and Community Adjustment, University of Minnesota, 207 Pattee Hall, 150 Pillsbury Drive SE, Minneapolis, MN 55455.

Findings are reported from a study designed to (1) provide a descriptive profile of the national patterns of revenue, expenses, and capital investments of public and community residential facilities for the mentally retarded during 1977 to 1978; (2) provide an analysis of costs by 14 separate locational, organizational, and residential variables; and (3) use cost function analysis to test statistical relationships between and among several independent variables and the dependent variable, per diem cost, using multiple regression techniques. Cost data were collected from a national probability sample of 75 public residential facilities and 161 community residential facilities. A three–page self–report questionnaire designed to assess revenues and expenses was completed by the most appropriate financial officer of the facility. The population estimates of total revenue reported by all residential facilities was $3.11 billion, with government sources accounting for almost the entire amount. Total expenses for public facilities were $2.735 billion and $518 million for community facilities. The single largest expense reported by most facilities was for personnel. Capital investments totaled over $5.3 billion for land and buildings of all public and community residential facilities. Estimates of total revenue, expenses, and capital investments are presented separately for public and community facilities, as well as by census regions and size categories. Several public policy implications are discussed in terms of constitutional guarantees and level of funding; programming requirements and the application of cost functions; and reimbursement patterns, fiscal disincentives, and the future development of community alternatives. Appended are a description of sample facilities, study instruments, and a discussion of sampling errors. Tabular data and references are provided. (Author abstract modified). Project report no. 9 of Developmental Disabilities Project on Residential Services and Community Adjustment. Submitted as a doctoral thesis to the University of Minnesota.

148. Wink-Basing, Claudia.
Western Michigan Univ., Kalamazoo. School of Social Work.
Building a Community-Based Network for Adult Protective Services.
Oct 80, 50p
SHR-0006671 Available from Michigan Dept. of Social Services, Adult Protective Services Division, 300 South Capitol Avenue, Lansing, MI 48926.

This report explains how to build a community–based network for adult protective services. The guide defines "network" as the utilization of all the community's and agencies' services in a coordinated manner to deal with the client's problems. Adult protective services (APS) is, by definition, a complex program for people with complex needs. The guide offers an approach to protection of vulnerable adults that establishes community–based networks that coordinate service delivery between the department of social services (DSS), local agencies, and the public. The information is based on the experiences of the Adult Protective Services Project conducted in Kalamazoo County, Mich., from October 1979 through September 1980. The project focused on the development of strategies for mobilizing members of the community to meet the needs of vulnerable adults and on the design of a community–based adult protective services delivery model integrating DSS and existing services in Kalamazoo. Establishment of an APS network has several advantages for a community, including reduction of duplication, filling gaps in service, and making available options to reduce inappropriate institutionalization. However, the primary beneficiaries of such a network are the vulnerable adults themselves. The local DSS also has a great deal

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to gain from the process of network building. The network process involves four stages of development: identification of principal agencies involved in the effort, the organizational phase, the implementation phase, and the evaluation phase. This guide includes a question and answer section at the end of each section to highlight ways to address problems. Charts delineate the APS community network model and summarize the action steps. Footnotes and eight references are supplied. Appendices include the network plan developed in Kalamazoo County, the implementation plan for the network, and the service delivery principles for APS. Developed from the Kalamazoo Adult Protective Services Project.

149. Wisconsin Univ.-Madison. Faye McBeath Inst. on Aging and Adult Life.
Delivered In-Home Services to the Aged and Disabled: The Wisconsin Experiment.
1981, 223p
SHR-0006179 Available from Faye McBeath Institute on Aging and Adult Life, 425 Henry Mall, Univ. of Wis., Madison, WI 53708.

The Wisconsin Community Care Organization (WCCO) evaluated in this volume has sought to demonstrate working models of within–home services to elderly and adult disabled residents in the State. Three demonstration sites and a central office were established to carry out the project, with the premise that a large population of persons exists, including the elderly, disabled, and chronically ill, for whom maintenance of current levels of functioning is the most realistic goal. Such persons may have limited rehabilitation potential and require supportive health and social services designed to forestall deterioration and maximize capabilities. These maintenance services were seen as essentially nonmedical and were not included in the list of services covered by medicare or medicaid. The proposed approach was a method calling for financing through a waiver of the standard requirements of a State's Medical Assistance plan, enabling those funds to be used for nonmedical services. Important goals were to test and demonstrate whether a community–based service system can be designed to maintain a maximum level of independence, whether quality of life can be improved, and whether needed care can be provided for an individual at less cost than in an institution. In addition, the project sought to determine if existing resources can be augmented and coordinated to provide a broader range of services and if resources can be developed or presented in ways which will facilitate consumer participation. The evaluation showed that WCCO was able to demonstrate important effects in terms of a reduction in the numbers of days of hospitalization and nursing home institutionalization. Findings also indicated that the project had the potential to be cost effective and that, given certain organizational characteristics, such systems can provide effective and efficient community–based care for the elderly and disabled. A review of the related literature, operational history of the Community Care Organization, a discussion of evaluation methods, figures, data tables, and reference lists are included. Monographs on Aging, number 3.

150. Zinober, Joan Wagner, and Dinkel, Nancy R.
Florida Consortium for Research and Evaluation, Tampa.
Trust of Evaluation: A Guide for Involving Citizens in Community Mental Health Program Evaluation.
1981, 111p
SHR-0007455 Available NTIS PC $12.00/MF $4.00

This manual provides guidance for involving citizens in the evaluation of community mental health programs, and is intended for staff and governing board members of community mental health centers (CMHC's) undertaking such a project. The opening section presents background and general procedural information on

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citizen review groups (CRG's). Reasons for involving citizens in public agency planning and evaluation are reviewed, and nonspecialist involvement in evaluation is discussed. Experiences with CRG's are described to illustrate some of the principles presented, and basic procedures and variations for developing CRG's are discussed. The second section focuses on aspects of the CRG development process that require special attention. Issues discussed include how to decide on the variation in the CRG process that will be best for a particular CMHC; how to decide what type of citizen to recruit; how to recruit group members; and how to establish a cohesive group in a short time. Advice on how to make sure the citizens receive and understand enough information to be productive, and how to follow through on the CRG process is also given. Recommendations are offered for avoiding various difficulties likely to occur. The appendix lists and describes Federal legislation affecting the development of the CMHC program, and two references and seven selected readings are provided, along with a glossary. (Author abstract modified).

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☆U.S. GOVERNMENT PRINTING OFFICE: 1982-361-155/158